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**GARRISON INTEGRATION AND  
RESTRUCTURE PROJECT**

by

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Frederick, Maryland

**Contract Study**

**CAAS 97-001**

**September 1997**



19980206 081

UNITED STATES ARMY  
MEDICAL DEPARTMENT CENTER AND SCHOOL  
FORT SAM HOUSTON, TEXAS 78234-6100

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# REPORT DOCUMENTATION PAGE

Form Approved  
OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY (Leave blank)		2. REPORT DATE		3. REPORT TYPE AND DATES COVERED	
4. TITLE AND SUBTITLE Garrison Integration and Restructure Project				5. FUNDING NUMBERS 96-107-68	
6. AUTHOR(S) Sherikon-Calibre Team					
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Sherikon, Incorporated 92 Thomas Johnson Drive, Suite 130 Frederick, Maryland 21702				8. PERFORMING ORGANIZATION REPORT NUMBER DADA10-96-D-0021	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) Colonel Paul S. Beaty, Chief, Center for Healthcare Education and Studies, AMEDDC&S 3151 Scott Road, Fort Sam Houston, TX 78234-6100				10. SPONSORING / MONITORING AGENCY REPORT NUMBER	
11. SUPPLEMENTARY NOTES					
12a. DISTRIBUTION / AVAILABILITY STATEMENT Distribution Unlimited Garrison Library, Fort Sam Houston Medical Center School				12b. DISTRIBUTION CODE A	
13. ABSTRACT (Maximum 200 Words)  This report contains the methodology used to conduct the study, a functional discription of the military personnel activities, findings resulting from analyses conducted to date, and options and recommendations for organiza-tional realignment and restructure. Note: Neither the analysis conducted, findings reached, or the recommendations prsented should be construed to be final.					
14. SUBJECT TERMS				15. NUMBER OF PAGES 104	
				16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT U	18. SECURITY CLASSIFICATION OF THIS PAGE U	19. SECURITY CLASSIFICATION OF ABSTRACT U	20. LIMITATION OF ABSTRACT		

**Garrison Integration and Restructure Project  
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# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

**US Army Medical Department Center and School  
and Fort Sam Houston, Texas**

## **Function Report for Adjutant General (Military Personnel)**

11 December 1996

### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Military Personnel Division within the Deputy Chief of Staff for Personnel, US Army Medical Command (MEDCOM), the Director of Personnel, US Army Medical Department Center and School (AMEDDC&S) and the Adjutant Generals Office, US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains the methodology used to conduct the study, a functional description of the military personnel activities, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: Neither the analysis conducted, findings reached, or the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997.

### **Section I - Functional Description.**

The Office of the Adjutant General exists organizationally only within the USAG-FSH. It was created by the previous garrison commander from the Military Personnel Division of the Directorate of Personnel and Community Activities (DPCA) and made a separate activity on the garrison staff. Both MEDCOM and AMEDDC&S personnel organizations perform similar functions within their military personnel directorates. All three activities establish plans, coordinate administration of military personnel activities, and provide military personnel support for the commander on whose staff they serve. Additionally, all three perform common functions which are documented in their respective organization and functions (O&F) manuals:

- Advise the commander and staff on all personnel matters pertaining to assigned military personnel.
- Military personnel management (strength management).
- Military personnel services.
- Retention (reenlistment).

## **Section II - Study Methodology.**

The SHERIKON-CALIBRE team conducted its study and analysis of the AG/Military Personnel activities of MEDCOM, AMEDDC&S, and USAG-FSH by gathering, reviewing, and analyzing organization and function (O&F) manuals, authorizations and requirements documents, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of AG and military personnel activities conducted on Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with the principals and with subject matter experts. Information provided was documented and analyzed. Principals interviewed included:

- LTC Blakely - Chief, Military Personnel Division, MEDCOM.
- SGM Cardona - Chief, Personnel Services Sergeant, MEDCOM.
- COL Ball - Director of Personnel, AMEDDC&S.
- CW3 Blackburn - Adjutant General, USAG - FSH.

Workshops were conducted by the study team and attended by key members of the staffs from each office on 4 and 6 November 1996. The results were documented and are included in the analysis.

## **Section III - Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the AG/Military Personnel activities within the three headquarters was conducted. This included a functional analysis of each activity, their staffing, and customers supported and served. Where performance measures existed, they were examined for consistency and usefulness. Missions and functions were examined. Those found to be common, redundant or overlapping were identified as candidates for realignment.

*Functional Analysis:* The Military Personnel Division of MEDCOM functions in a strategic manner by providing assistance to all subordinate medical units. It also maintains an operational focus by reviewing and/or approving AMEDDC&S and garrison military personnel strength management, evaluations, promotions, and retirement actions. The AMEDDC&S and USAG-FSH offices perform military personnel functions at the operational (installation) level for their respective organizations. Each activity performs mandated functions applicable to its headquarters.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>AMEDD C&amp;S</i>	<i>USAG-FSH</i>
Acquire military personnel (requisitions, in/out processing)	AR 600-8	X	X	X
Perform evaluations	AR 600-8	X	X	X
Process promotions and reductions orders	AR 600-8	N/A	X	X
Manage current strength (personnel accounting and strength reporting)	AR 600-8	X	X	X
Manage separation activities (career planning, retiree support, transfers, discharges, survivor benefits, transitions)	AR 600-8	N/A	X	X
Manage personnel operations activities (reassignment, awards, decorations, casualty operations, ID documents, leaves and passes, line of duty)	AR 600-8	X	X	X
Process personnel security clearances	AR 600-8	X	X	N/A
Manage congressional inquiries	AR 600-8	X	X	X
Manage SIDPERS input	AR 600-8	N/A	X	X
Manage Student Detachment	AR 600-8	N/A	X	N/A

**Table 1 - Functions Performed**

*Staffing Analysis:* Personnel authorizations for all three offices is determined differently. MEDCOM's 26 personnel authorizations are recorded on TDA # MCW3VYAA with an EDATE of 961101. Current staffing is based upon local appraisal. AMEDDC&S authorizations of 12 personnel are recorded on TDA # MCW3VZAA with an EDATE of 971001. Current staffing is based upon the monthly average number of permanent party officers and enlisted personnel assigned. USAG-FSH's authorized staffing of 112 personnel is recorded on TDA # MCW0VDAA with an EDATE of 971001. Current staffing is based upon population serviced.

*Customer Supported and Served:* The Military Personnel Division, MEDCOM is functioning strategically by providing guidance and assistance to all subordinate medical units. The Center and School and the USAG-FSH perform their functions at the operational level. All organizations are providing an acceptable level of support to their customers as reported by their respective staffs.

***MEDCOM Customers Supported and Served:***

- Provides strategic military personnel management support to seven Regional Medical Commands, four MEDCOM Installations, and five major subordinate commands, i.e., VETCOM, DENTCOM, CHPPM, MRMC, and AMEDDC&S.
- The MEDCOM military population supported is 25,500. The actual number served was not reported.

***AMEDDC&S Customers Supported and Served:***

- The military personnel activity within the Office of the Director of Personnel provides military personnel support to the students and the faculty and staff of the AMEDDC&S.
- Annual student population supported is 30,000 plus 1,880 faculty and staff.
- The following workloads were reported:
  - Approximately 5,000-6,000 personnel actions are processed annually.
  - Between 150-200 inter-post transfers are completed per year.
  - Oversight for 400 Officer Efficiency Reports (OER) and 1000 Non-Commissioned Officer Efficiency Reports (NCOER) is provided annually.

***USAG-FSH Customers Supported and Served:***

- The Adjutant General, USAG-FSH provides support to all military personnel assigned to the garrison and its 45 tenant organizations.
- The AG also provides military personnel support to USAR and ARNG advisors serving in 15 major Army Reserve commands in a 15 state area.
- The military population supported is 13,000. The actual number served was not reported.

**Table 3 - Customer Data**

*Current Performance Indicators/Metrics:* The following performance indicators and metrics are being applied by all three organizations to measure performance:

- Monthly SIDPERS reports (error rate, timeliness, number of transactions processed).
- OER/NCOER processing (timelines and error rates).
- Customer Service Survey results (level of satisfaction).
- No-show tracking report (number of no shows).

## **Section IV - Findings.**

The following findings were reached after analysis of data and information currently available:

- The MEDCOM Military Personnel Division is focused strategically. They also maintain an operational focus by requiring strength management, evaluations, promotions and retirement actions to be processed through them.
- With the exception of the AMEDDC&S Student Detachment, the organizational structures of the Director of Personnel, AMEDDC&S and the USAG-FSH Adjutant General's Office are redundant. They can be combined into an Office of the Installation Adjutant General to reduce AMEDDC&S staff, infrastructure footprint, and associated costs, e.g., payroll, TDY, and supplies.
- The enlisted personnel retirement, deletion, deferment, evaluation, and awards below Legion of Merit (LOM) processes, which currently require the approval of both AMEDDC&S and USAG-FSH, are in need of streamlining.
- Many military personnel remain confused over which office "cuts" their orders.
- Initially, the conversion of the USAG-FSH AG from military to civilian staffing caused some problems in matching job skills to requirements, however, the activity now appears to be operating effectively.

## **Section V - Options.**

After our analysis and review, we considered two options:

### *Option 1: Status Quo.*

- Strengths:
  - Continues an acceptable level of support to customers.
  - Requires no organizational change.
- Weaknesses:
  - Continues the perception of AMEDDC&S and USAG-FSH having separate missions.
  - Retains redundant infrastructure (AMEDDC&S and USAG-FSH).

- Opportunities: None identified.
- Threat:
  - Resources supporting redundant personnel functions remain subject to OSD(HA) and OACSIM cuts.

*Option 2: Retain the Military Personnel Division within the MEDCOM Office of the Deputy Chief of Staff for Personnel. Combine the Office of the Director of Personnel, AMEDDC&S and the USAG-FSH Adjutant General's Office into an Office of the Installation Adjutant General. Retain a AMEDDC&S Student Detachment within the Office of the Installation Adjutant General and keep it in its present location.*

- Strengths:
  - Consolidates all Installation AG functions under the Installation Commander.
  - Saves seven (7) AMEDDC&S/USAG-FSH authorizations.
  - Retains the AMEDDC&S Student Detachment customer focus.
  - Decreases the AMEDDC&S infrastructure footprint by up to seven (7) permanent office spaces.
  - Maintains/improves the current level of customer support and service through the increased synergy of a combined and collocated Office of the Installation Adjutant General.
  - Eliminates soldier confusion over which office processes their personnel actions.
- Weakness:
  - The new garrison location will be less convenient for some soldiers previously supported by AMEDDC&S.
- Opportunities:
  - Promotes streamlining the approval process for enlisted retirement, deletion, deferment, award, and evaluation actions.
  - Promotes streamlining Installation in/out processing.
- Threat:
  - A reconciliation must be made to retain AMEDDC&S funding by the Defense Health Program and USAG-FSH funding by the OACSIM, as appropriate.

## **Section VI - Recommendations.**

The following recommendations are based on the analysis conducted to date:

- Retain the Military Personnel Division within the MEDCOM Office of the Deputy Chief of Staff for Personnel to provide military personnel support to all MEDCOM subordinate units.
- Combine the Office of the Director of Personnel, AMEDDC&S and the USAG-FSH Adjutant General's Office into an Office of the Installation Adjutant General
- Realign the AMEDDC&S strength management, awards below LOM, evaluations, promotions, and retirement approval processes from MEDCOM to the Installation Adjutant General's Office.
- Realign the four (4) spaces of the AMEDDC&S Student Detachment into the Office of the Installation Adjutant General and retain its office within the Center and School.
- Measure the performance of the consolidated Installation AG Office using the following performance indicators/metrics:
  - Monthly SIDPERS reports (error rate, timeliness, number of transactions processed).
  - OER/NCOER processing (timelines and error rate.
  - Customer Service Survey (level of satisfaction).
  - No-show tracking report (number of no shows).
- Integrate the functional analysis of these offices with the other function studies for presentation in the executive summary and decision brief.

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER and SCHOOL and FORT SAM HOUSTON, TEXAS**

### **Function Report for the Office of the Chaplain**

29 November 1996

#### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Office of the Chaplain of the US Army Medical Command (MEDCOM), the US Army Medical Department Center and School (AMEDDC&S), and US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains a functional description of the three offices, the methodology used to conduct the study, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: The analysis conducted, findings reached, and recommendations presented should not be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997.

#### **Section I - Functional Description.**

The Office of the Chaplain in all three headquarters provides direct support to the military commander on whose staff each serves. The chaplain offices perform common functions as listed in their respective organization and functions (O&F) manuals:

- Advise the commander and staff on all matters pertaining to religion and morale.
- Provide a comprehensive chaplain/chaplain assistant/laity professional development and training program.
- Conduct a chaplain activities program for worship, related worship activities, religious education and pastoral support in counseling, and spiritual guidance.
- Perform administrative functions and planning, programming, and budgeting in support of chaplain activities.



The three chaplain offices perform similar functions, i.e., advise the Commander and staff on all matters pertaining to religion, spiritual and moral welfare, and care for the morale of military personnel, their families, and civilian employees within their respective commands, and perform chapel financial management.

## **Section II - Study Methodology.**

The SHERIKON-CALIBRE study team conducted its analysis of the chaplain activity of MEDCOM, the AMEDDC&S, and the USAG-FSH by gathering, reviewing, and analyzing O&F manuals, authorizations and requirements documents, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of chaplain activities performed on other US Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with principals and subject matter experts from each office. Information provided was documented and analyzed. Key principals interviewed included:

- LTC Sammis, the MEDCOM Staff Chaplain.
- LTC Thornton, the AMEDDC&S Staff Chaplain.
- COL Sanner, the USAG-FSH Staff Chaplain.

Workshops were conducted by SHERIKON-CALIBRE team and attended by key members of the staff from each office on 4-5 November 1996. The results were documented and included in the analysis.

## **Section III - Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the chaplain activities was conducted. It included a functional analysis of the activities, their staffing, customers supported and served, and workload. Missions and functions were examined and those found to be common, redundant, or overlapping were identified as candidates for realignment. Where performance measures existed, they were examined for consistency and usefulness.

**Functional Analysis:** The MEDCOM Chaplain office is strategically focused. It also provides assistance to subordinate medical units. The AMEDDC&S and the USAG-FSH chaplains are operationally focused and perform the same functions for different customers. Table 1 lists the functions performed by the three offices.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>AMEDD C&amp;S</i>	<i>USAG -FSH</i>
Religious services	United States Code (USC), Title 10, Section 3073; AR 165-1	N/A	X	X
Rites, sacraments, ordinances	USC, 10, Sec 3073; & AR 165-1	N/A	X	X
Pastoral care/counseling	USC, 10, Sec 3073; & AR 165-1	X	X	X
Religious education	USC, 10, Sec 3073; & AR 165-1	X	X	X
Family life ministry	USC, 10, Sec 3073; & AR 165-1	N/A	X	X
Clinical pastoral education	USC, 10, Sec 3073; & AR 165-1	X	X	X
Professional support to commander and staff	USC, 10, Sec 3073; & AR 165-1	X	X	X
Management and administration	USC, 10, Sec 3073; & AR 165-1	X	X	X
Religious/humanitarian support	USC, 10, Sec 3073; & AR 165-1	X	X	X
Training	USC, 10, Sec 3073; & AR 165-1	X	X	X
Religious support planning and operations	USC, 10, Sec 3073; & AR 165-1	X	X	X
Coordinate community mentor program	Command-directed	N/A	N/A	X

**Table 1 - Functions Performed**

Functions mandated by AR 165-1 and USC, Title 10, Section 3073 are being performed by each chaplain office for their supported customers. The chaplain offices of the AMEDDC&S and USAG-FSH spend most of their time providing counseling services.

*Staffing Analysis:* MEDCOM staffing is determined by local appraisal. Staffing for the MEDCOM Chaplain's Office is supplemented by borrowed military manpower (BMM) from Brooke Army Medical Center (BAMC). AMEDDC&S staffing is determined by the average number of faculty, staff, and students assigned to the command. USAG-FSH staffing is determined by the monthly average number of religious education activities;

the monthly average number of worship services, funerals, marriages, baptisms, and counseling; and the population served. Table 2 provides further details.

***MEDCOM Staffing - TDA# MCW3VYAA***

Para/Line	Number of Positions	Position Title	Rank/Grade	Time Dedicated	Remarks
007/01	1	Chaplain	06	100%	
007/02	1	Chaplain	05	100%	
665/04	1	Chaplain	04	100%	BMM (BAMC)
007/03	1	Master UMT, NCO	E8	100%	
007/04	1	Secretary (OA)	GS 06	100%	

***AMEDDC&S Staffing - TDA# MCW3VZAA***

Para/Line	Number of Positions	Position Title	Rank/Grade	Time Dedicated	Remarks
101/01	1	Staff Chaplain	06	100%	
101/02	1	UMT NCO	E6	100%	
101/03	1	Secretary	GS 5	100%	
101A/01	1	Chaplain (Trng Opn)	05	100%	
101A/02	1	Chaplain	04		Not authorized
101A/03	1	Chaplain	04		Not authorized
101A/04	1	Chaplain	04		Not authorized
101B/01	1	Brigade Chaplain	04	100%	
101B/02	1	Battalion Chaplain	03	100%	
101B/03	1	Battalion Chaplain	03		Not authorized
101B/04	1	Battalion Chaplain	04	100%	
101B/05	1	UMT NCO	E5	100%	
101B/06	1	Chaplain Assistant	E4	100%	
101B/07	1	Chaplain Assistant	E3	100%	2 required
101B/08	1	Clerk	GS 4	100%	

**USAG-FSH Staffing - TDA# MCWOVDAA**

Para/Line	Number of Positions	Position Title	Rank/Grade	Time Dedicated	Comments Remarks
005/01	1	Staff Chaplain	06	100%	
005/02	1	Senior UMT NCO	E7	100%	
005/03	1	Social Svc Assistant	GS 5	100%	
005A/01	1	Chaplain Res Mgr	04	100%	
005A/02	1	Chaplain Assistant	E4	100%	
005B/01	1	Staff Chaplain	05	100%	
005B/02	1	Staff Chaplain	03	100%	
005B/03	1	UMT NCO	E5	100%	
005B/04	1	UMT NCO	E5	100%	
005B/05	1	Chaplain Assistant	E4	100%	
005B/06	3	Chaplain Assistant	E3	100%	
0005/07	1	D, RIE (Prot)	GS 9	100%	
005B/08	1	D, RIE (Cath)	GS 9	100%	
005C/01	1	Staff Chaplain	04	100%	
005C/02	1	Chaplain Assistant	E4	100%	

**Table 2 - Staffing**

*Customers Supported and Served:* Based on the results of a customer satisfaction survey and interviews conducted, the chaplain offices are providing satisfactory service to their supported populations.

**MEDCOM Customers Supported and Served**

- Provides technical supervision over chaplain activities at 6 Medical Centers and all subordinate medical units.
- The customer population served was not provided.

**AMEDDC&S Customers Supported and Served**

- The monthly average student population supported is 3,000 to 5,000 or a total of approximately 25,000 - 30,000 students per year.
- The number of AMEDDC&S faculty supported is 1,880.
- The customer population served was not provided.

**USAG-FSH Customers Supported and Served:**

- Provides support to the entire installation, a customer population of 60,312.
- The customer population served was not provided.

**Table 3 - Customer Data**

***Current Performance Indicators/Metrics.*** The MEDCOM Chaplain Office reported it was not currently using performance measures. The AMEDDC&S and USAG-FSH offices reported using the following measures:

- Monthly average number of religious activities.
- Monthly average number of worship services, funeral, marriages, baptisms, and counseling.
- Population served.
- Unit climate assessment.
- Customer satisfaction survey.

#### **Section IV - Findings.**

The following findings were reached after analysis of data and information currently available:

- The MEDCOM Chaplains office is strategically focused and no organizational changes are needed.
- The BMM authorization in the MEDCOM Chaplain's office is not properly documented.
- The common functions mandated by USC, Title 10 and performed by the AMEDDC&S and the USAG-FSH Chaplains' offices can be performed by a single office with a smaller staff.
- The infrastructure footprint of the AMEDDC&S and USAG-FSH is excessive and can be reduced to gain space efficiencies and lower overhead.

#### **Section V - Options.**

After analysis and review, we considered 2 options:

##### ***Option 1: Status Quo.***

- Strengths:
  - Provides an acceptable level of support to customers.
  - Require no organizational change.

- Weaknesses (applies to AMEDDC&S and USAG-FSH only):
  - Continues the perception of separate missions.
  - Preserves redundant infrastructure.
  - Preserves redundant organizational structures.
- Opportunities: None Identified.
- Threat: OSD(HA) and OACSIM resources to support redundant activities remain at risk

Option 2: Retain the MEDCOM Chaplain's office and combine the Chaplains offices of the AMEDDC&S and the USAG-FSH into a single Office of the Installation Chaplain.

- Strengths:
  - Saves 7 spaces.
  - Reduces infrastructure footprint by eliminating need for permanent office space within the AMEDDC&S area.
  - Maintains/improves the current level of customer support and service with a significant reduction in the level of staffing.
- Weakness. None identified.
- Opportunities: None identified.
- Threat: A reconciliation must be effected between OSD(HA) and OACSIM to retain the required resources and associated funding.

## **Section VI - Recommendations.**

- Retain the Office of the Chaplain, MEDCOM on the personal staff of the Commander and continue to perform strategic mission functions for the Command and its subordinate units..
  - Return the BMM space to BAMC and add this position to the TDA of the MEDCOM Chaplains office.
- Combine the Chaplains offices of the AMEDDC&S and the USAG-FSH into a single Office of the Installation Chaplain under the Installation Commander to perform operational-oriented chaplain functions for the combined customer base.

- Transfer the Brigade Chaplain (04), 3 Battalion Chaplains (03), 3 Chaplain Assistants (E3), and 1 Clerk (GS 4) spaces from AMEDDC&S to the Office of the Installation Chaplain to perform AMEDDC&S related functions and eliminate the remaining 7 authorizations from the AMEDDC&S TDA.
- Establish a data collection methodology for capturing and measuring organizational performance using these performance indicators:
  - Number of MEDCOM chaplain activities passing the hospital accreditation.
  - Installation Chaplain:
    - Monthly average number of religious activities.
    - Monthly average number of worship services, funeral, marriages, baptisms, and counseling.
    - Population served.
    - Unit climate assessment.
    - Customer satisfaction survey
- Integrate the functional analysis of the three offices of the Chaplain with the other function studies for presentation in the executive summary and decision briefing.

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER and SCHOOL and FORT SAM HOUSTON, TEXAS**

### **Function Report for Community Activities**

22 January 1997

#### **Introduction.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Community and Family Support Division, Office of the Deputy Chief of Staff Personnel, US Army Medical Command, (MEDCOM), and the Directorate of Community Activities (DCA), US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains the methodology used to conduct the study, a functional description of the community activities offices, findings resulting from analyses conducted to date, and recommendations for organizational realignment and restructure. Note: Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 28 January 1997.

#### **Functional Description.**

Community activities consist of the establishment, planning, and coordination of all aspects of welfare and morale, educational development, community support, and community operations. The MEDCOM Community and Family Support Division concentrates on Command community activity programs and the USAG-FSH DCA concentrates on Installation-level activities. Common functions mandated by AR 215-1 include:

- Morale, welfare, and recreation programs.
- Community and family support programs.
- Non-appropriated funds (NAF) management.

#### **Methodology.**

The SHERIKON-CALIBRE team conducted its analysis of the community activities of the MEDCOM and the USAG-FSH by gathering, reviewing, and analyzing organization and function manuals, authorizations and requirements documents, staffing and manning documents,



mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of community activities conducted on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with principals and subject matter experts. Information provided was documented and analyzed. Key principals interviewed include:

- Mr. Windham, Chief, Community and Family Support Division, Office of the Deputy Chief of Staff, Personnel, MEDCOM.
- Mr. Evetts, Director, Community Activities, USAG-FSH.
- Ms. Curd, Deputy Director, Community Activities, USAG-FSH.

Workshops were facilitated and conducted by the study team and attended by key members of each staff on 9-11 December 1996. The results were documented and included in the analysis.

## **Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the community activities was conducted. This included a functional analysis of activities, their staffing, customers served, and services provided. Where performance measures existed, they were examined for consistency and usefulness. Missions and functions were examined. Those found to be common, redundant, or and overlapping were identified as candidates for realignment.

*Functional Analysis:* MEDCOM's Community and Family Support Division provides strategic advice and assistance to MEDCOM installations. It organizes and operates morale, welfare and recreation (MWR) programs, and related non-appropriated funded (NAF) activities and community and family support programs. The Division also approves and monitors MEDCOM Installation's NAF programs, NAF budgets, and the NAF construction program. This division is also the MEDCOM community activities liaison with HQDA and the Army Community and Family Support Center (CFSC).

The USAG-FSH DCA provides operational support to the Installation, including the Army Career and Alumni Program (ACAP), community operations, community recreation and services, and community support. The DCA executes appropriated funds (APF) and non-appropriated funds provided by MEDCOM.

Table 1 summarizes the functions performed by the MEDCOM Community and Family Support Division and the USAG-FSH DCA.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>USAG-FSH</i>
Morale, welfare, and recreation programs	AR 215-1	X	X
Community and family support programs	AR 215-1	X	X
Non-appropriated funds management	AR 215-1	X	X
Army Career and Alumni Program	DA Program	X	X

Table 1 - Functions Performed

*Staffing Analysis:* The MEDCOM Community and Family Support Division authorized staffing of five personnel (three APF and two NAF) recorded on TDA #MCW3VYAA with an EDATE of 961101 is based upon local appraisal. The USAG-FSH DCA authorized staffing of 125 APF personnel recorded on TDA #MCW0VDAA with an EDATE of 961101 is based upon estimating equations. The USAG-FSH DCA reports sharing a non-appropriated staff of 730 personnel with the DPW.

*Customers/Facilities Supported and Served:* The MEDCOM Community and Family Support Division provides strategic support, specific advice and assistance, and community activity approval and monitoring for seven regional medical commands, four medical Installations, and five major subordinate commands, i.e., VETCOM, DENTCOM, CHPPM, MRMC, and AMEDDC&S.

The USAG-FSH DCA provides community support activities and facilities to the Fort Sam Houston community. The average population of military and family members, civilians, and retirees that are supported is approximately 150,000.

*Performance Indicators/ Metrics:* The following performance indicators are being applied by both activities to measure their performance:

- Customer satisfaction.
- NAF construction project approval.
- Adequacy of APF/NAF funding provided.
- Number of customers using services offered.

## **Findings.**

The following findings were reached after analysis of data and information currently available:

- The MEDCOM Community and Family Support Division is focused strategically, representing the MACOM at HQDA and CFSC and providing policy and guidance to subordinate medical activities.
- The USAG-FSH DCA provides community activity support for the Installation.
- The USAG-FSH DCA uses its own non-appropriated funded maintenance and repair crews to provide maintenance and repair services for DCA-operated facilities rather than using DPW support.
- The USAG-FSH DCA and the USAG-FSH DPW exercise joint responsibility for providing unaccompanied personnel housing.
- The USAG-FSH DCA has not used standard-based costing to determine the estimated costs of providing its services.

## **Recommendations.**

The following recommendations are based on the analysis conducted to date:

- Retain the MEDCOM Community and Family Support Division to represent the MACOM at HQDA and CFSC and to provide strategic policy and guidance to subordinate medical activities. No organizational changes are recommended.
- Retain the USAG-FSH DCA.
- The USAG-FSH DCA use standard-based costing to determine the estimated costs of providing its services.
- USAG-FSH DCA end its practice of using NAF maintenance and repair crews to provide engineering services that should be provided by DPW.
- Consolidate the unaccompanied personnel housing guest house function under the USAG-FSH DCA, subject to the findings of the Army Audit Agency and ACSIM studies.
- Create an Installation Business Center for Business Operations and realign the USAG-FSH DCA under it.

- Use the following performance standards to determine the effectiveness of the recommended changes:
  - Customer satisfaction.
  - NAF construction project approval.
  - Adequacy of APF/NAF funding provided.
  - Number of customers using services offered.
- Integrate the functional analysis of community activities with the other function studies for presentation in the executive summary and report.

Implementation of these recommendations will result in:

- Continued and improved USAG-FSH DCA services and support to its customers.
- Centralized organizational realignment of the unaccompanied personnel housing guest house function.
- Elimination of USAG-FSH DCA NAF-funded maintenance and repair crew workarounds and realignment of engineering services and support under the DPW.
- More appropriate use of USAG-FSH DCA NAF resources to provide needed services and support.
- Proper assignment of responsibility and accountability for providing customer service and support.

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER and SCHOOL and FORT SAM HOUSTON, TEXAS**

### **Function Report for Contracting**

22 January 1997

#### **Introduction.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of our study and analysis of the Healthcare Acquisition Activity, a field operating agency (FOA) of the US Army Medical Command (MEDCOM) located on Fort Sam Houston and the Directorate of Contracting, an installation activity, within the US Army Garrison, Fort Sam Houston (USAG-FSH).

While the organization and functions of the entire MEDCOM Acquisition Activity were reviewed, the study and analysis concentrated on the Central Contracting Office (CCO) of the Activity because it is that office which is located on the installation. This interim report contains the methodology used to conduct the study, a functional description of the contracting offices, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and report to be delivered on or about 28 January 1997.

#### **Functional Description.**

The MEDCOM Healthcare Acquisition Activity plans, develops, and implements an integrated delivery system of contracting support to meet the needs of all MEDCOM healthcare activities. The principal assistant responsible for contracting (PARC) within the Acquisition Activity provides mission oversight to assure compliance with procurement regulations. The PARC also provides policy and advice, resolves contracting problems and monitors competition and socioeconomic programs. The CCO provides centralized (strategic) contracting support for MEDCOM. This includes medical contracting support and facilities requirements contracting identified by the Deputy Chief of Staff, Installation, Environment, and Facilities Management. The USAG-FSH Directorate of Contracting (DOC) develops policy and plans, processes purchase requests and commitment documents, and provides contract administrative support to garrison activities and area Reserve Component and 5<sup>th</sup> Army units. Both contracting activities provide contract support services and contract administrative services.

## Methodology.

The SHERIKON-CALIBRE team conducted its analysis of the contracting activities by gathering, reviewing, and analyzing organization and function manuals, authorizations and requirements documents, staffing and manning documents, mission statements, functional area assessment (FAA) information and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of contracting activities conducted on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with principals and subject matter experts. Information provided was documented and analyzed. Key principals interviewed include:

- LTC Matyniak, Commander, Army Acquisition Activity, MEDCOM Healthcare Acquisition Activity.
- Ms. Linda Smith, PARC, MEDCOM Healthcare Acquisition Activity.
- Mr. Coulston, Chief, Central Contracting Office, MEDCOM Healthcare Acquisition Activity.
- Mr. Roberts, Director of Contracting, USAG-FSH.

Workshops were conducted and facilitated by the study team and attended by key members of the contracting staffs from each office on 6 - 9 January 1997. Workshop results were documented and are included in the analysis.

## Analysis.

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the contracting activities was conducted. This included a functional analysis of each activity, staffing, and customers supported and served. Missions and functions were examined and those found to be common, redundant, and overlapping were identified as candidates for realignment. Where performance measures existed, they were examined for consistency and usefulness.

*Functional Analysis:* The Healthcare Acquisition Activity is a MEDCOM FOA. It is run by the Deputy Commanding General for Healthcare Operations in his position as the MEDCOM head of the contracting agency (HCA). The Activity contains the Office of the Principal Assistant Responsible for Contracting (OPARC) and exercises command authority over five regional contracting centers and a central contracting office (CCO). It also exercises technical supervision over the contracting directorates located at Walter Reed Army Medical Center (WRAMC), Fitzsimmons Army Medical Center (FAMC), and Ft. Sam Houston. The FOA plans, develops, and implements an integrated delivery system of medical and healthcare contracting advice and support to meet the needs of all MEDCOM healthcare activities. The CCO provides centralized (strategic) contracting support for the MEDCOM and medical

contracting support to Brooke Army Medical Center. The facilities requirements contracting support requires expertise in installation (operational) contracting and medical and healthcare contracting.

The USAG-FSH Directorate of Contracting (DOC) concentrates on providing base operations (BASOPS) purchasing and contracting support (supplies, services, and construction) to garrison activities and area Reserve Component and 5<sup>th</sup> Army units.

An analysis of Table 1 indicates the functions mandated by the Federal Acquisition Regulation (FAR) and the Defense FAR (DFAR) are being performed by both activities, where applicable.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>USAG-FSH</i>
Senior advisor to Commander and head of contracting activity on all aspects of contracting	Command - directed	X	X
Provide regulatory and procedural surveillance of contracting and acquisition activities	FAR, DFAR	X (OPARC)	N/A
Process purchase actions for products and services	FAR, DFAR	X (CCO)	X
Advise and assist in requirements development	FAR, DFAR	X (CCO)	X
Provide pre-award support	FAR, DFAR	X (CCO)	X
Provide contract administration support	FAR, DFAR	X (CCO)	X
Provides management oversight for the IMPAC credit card program	Command - directed	N/A	X
Serve as lead agency for Cooperative Administrative Support Unit	Command - directed	N/A	X

Table 1 - Functions Performed

*Staffing Analysis:* The staffing for the MEDCOM Healthcare Acquisition Activity is determined by local appraisal. The CCO has an authorized staffing level of 60 recorded on TDA #MCW40MAA with an EDATE of 961101. The staffing for the USAG-FSH Directorate of Contracting is determined by an estimating equation. The USAG-FSH DOC has an authorized staffing of 34 which is recorded on TDA #MCW0VDAA with an EDATE of 971001. During FY 90-96, the DOC lost 11 authorizations, a 23% reduction. Over the same period, the CCO staff doubled from 30 to 60, a 100% increase, primarily due to its assumption of the Brooke Army Medical Center contracting mission in FY 94. The workload of both contracting activities continues to increase.

*Customers Supported and Served:* Table 2 provides a summary of customer data for both activities.

**MEDCOM Healthcare Acquisition Authority Customers Supported and Served:**

- Exercises command authority over five regional contracting centers and a central contracting office.
- Provides technical supervision over three contracting directorates located at WRAMC, FAMC, and Ft. Sam Houston.
- The central contracting office has contracts at over 150 locations around the world. Their customers include Army, Air Force, Navy, OSD (Health Affairs), FEDSIMS, and the Public Health Service.

**USAG-FSH DOC Customers Supported and Served:**

- Supports 40 separate installation and regional activities.
- Major customers include MEDCOM, 5<sup>th</sup> US Army, USAG-FSH activities, and the USAR.

Table 2 - Customer Data

*Current Performance Indicators/Metrics.* Both the CCO and the DOC use effective performance indicators to measure their performance such as:

- Activity costs as a percentage of the total amount of contracting dollars processed.
- Average time it takes to award various types of contracts.
- Percentage of credit card use.
- Customer satisfaction surveys which are tied to established goals and objectives set jointly with the customers at the beginning of the year.

**Findings.**

The following findings were reached after analysis of data and information currently available:

- The MEDCOM Healthcare Acquisition Activity is primarily focused strategically; however, the CCO processes BASOPS contracting requests from garrison customers, an installation contracting function.
- Installation customers use both contracting offices and attempt to "go around" the DOC to the CCO if they perceive they will get a more favorable response on their request for contracting support. The CCO and DOC have clearly defined areas of responsibility, however, customers do not always observe them.



- The Acquisition Activity has developed a "contracting office without walls" concept for streamlining installation contracting activities and has completed required actions in compliance with the Contracting Functional Area Assessment (FAA).
- Action on the MEDCOM and USAG-FSH proposal to combine the two contracting activities has been suspended until the recommendations of this study are known. The DOC leadership is concerned about becoming the "billpayer" for future reductions since it is funded as an Army BASOPS activity and is subject to reductions from that proponent.
- The USAG-FSH DOC continues to provide an acceptable level of support despite a 23% reduction in personnel authorizations over the past six years.
- The use of credit cards by installation customers to purchase items and contract for services has increased the workload of USAG-FSH's DOL, DPW, and DOC as each activity attempts to improve its own accountability and control.

### **Recommendations.**

The following recommendations are based on the analysis conducted to date and options presented above:

- Retain the MEDCOM Healthcare Acquisition Activity to exercise command authority over five regional contracting centers and a central contracting office; provide technical supervision over the contracting directorates located at WRAMC, FAMC, and Fort Sam Houston; and to plan, develop, and implement an integrated delivery system of medical and healthcare contracting advice and support to meet the needs of all MEDCOM healthcare activities.
- Convert the MEDCOM Healthcare Acquisition Activity to a MEDCOM TDA activity.
- Combine the USAG-FSH DOC into the Central Contracting Office of the MEDCOM Healthcare Acquisition Activity and consolidate installation contracting services into the CCO.
- Realize infrastructure savings of office space in the garrison and three personnel authorizations in the DOC (Supervisor Contract Specialist, Contract Specialist/Systems Administrator, and Secretary) and eliminate redundant internal ADP operational functions in the DOC.
- Enforce internal controls currently in place to stop the misuse of credit cards by installation customers.

- Continue to capture and measure organizational performance. Establish appropriate indicators that will aid in judging the effectiveness of any combined contracting organization. The following performance indicators should be include:
- Costs as a percentage of the total amount of contracting dollars.
- Average time it takes to award various types of contracts.
- Percentage use of credit cards.
- Satisfaction surveys which are tied to established goals and objectives set jointly with the customer at the beginning of the year.
- Integrate the functional analysis of the contracting offices with the other function studies for presentation in the executive summary and report.

Implementing the recommendations will:

- Provide a single office for processing installation contracting requests.
- Allow cross training of contracting personnel.
- Eliminate the practice of installation customers attempting to "go around" the USAG-FSH DOC to the CCO.
- Eliminate confusion as to which office is handling a particular contract.
- Eliminate redundant ADP functions in the CCO and the USAG-FSH DOC.
- Afford additional justification to stabilize USAG-FSH DOC staffing.
- Place the MEDCOM in compliance with the HQDA Contracting Functional Area Assessment (FAA).
- Place responsibility for both operational and strategic contracting functions with the CCO. While this may create an initial perception of reduced support to installation customers, a positive marketing campaign will ensure the change is transparent to customers.
- Allow for institution of the USAG-FSH DOC's Total Quality Management philosophy, business plans, marketing strategies, and career development plans for all contracting employees.
- Require a reconciliation to retain required funding for the MEDCOM Healthcare Acquisition Activity (Defense Health Program) and the USAG-FSH DOC (Army).

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER and SCHOOL and FORT SAM HOUSTON, TEXAS**

### **Function Report for the Equal Employment Opportunity Office**

29 November 1996

#### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Equal Employment Opportunity (EEO) offices of the US Army Medical Command (MEDCOM) and the US Army Garrison, Fort Sam Houston (USAG-FSH). Note: The EEO office of the US Army Medical Department Center and School (AMEDDC&S) is currently being combined with the USAG-FSH EEO office.

The report contains the methodology used to conduct the study, a functional description of the EEO offices, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997.

#### **Section I - Functional Description.**

Both EEO offices serve as advisors to the commander and staff on affirmative action and discrimination issues affecting the civilian workforce. They perform the following common functions which are documented in their respective organization and functions (O&F) manuals:

- Develop, implement, and coordinate EEO programs for civilian employees.
- Advise and consult the command on all aspects of the EEO program.
- Maintain close liaison with the Civilian Personnel Division.
- Coordinate, monitor, and evaluate training in the prevention of sexual harassment.
- Utilize the discrimination complaint system in an attempt to resolve complaints.

## **Section II - Study Methodology.**

The SHERIKON-CALIBRE team conducted its study and analysis of the EEO activity of MEDCOM and the USAG-FSH by gathering, reviewing, and analyzing O&F manuals, authorizations and requirements documents, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of EEO activities conducted on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with the principals and with subject matter experts. Information provided was documented and analyzed. Principals interviewed included:

- Ms. Trimble, the MEDCOM EEO Officer
- Ms. Dixon, the USAG-FSH EEO Officer

Workshops were planned, conducted, and facilitated by the SHERIKON-CALIBRE study team and attended by key member of the EEO staffs on 28 and 30 October 1996. The results were documented and included in the analysis.

## **Section III - Analysis.**

Using the data collected, a through top-to-bottom review and analysis of the organizational structure and working relationships of the EEO activities within the two headquarters was conducted. This included a functional analysis of activities, staffing, and customers supported and served. Missions and functions were examined. Those found to be common, redundant, or overlapping were identified as candidates for realignment or elimination. Where performance measures existed, they were examined for consistency and usefulness.

*Functional Analysis:* The MEDCOM EEO office is focused both strategically and operationally as it provides assistance to the Command and all subordinate medical units. The USAG-FSH EEO office performs functions at the operational (installation) level. Table 1 lists the functions performed by both EEOs.

<b>Functions Performed</b>	<b>Mandate</b>	<b>MEDCOM</b>	<b>USAG-FSH</b>
Monitor discrimination complaint program	AR 690-600	X	X
Implement and monitor affirmative action program	AR 690-12	X	X
Conduct EEO training	AR 690-12	X	X
Manage individuals with disabilities act	AR 600-7	X	X
Implement and monitor special emphasis programs	Command-directed	X	X
Process EEO complaints	Title 7	X	X

**Table 1 - Functions Performed**

The functions mandated by regulation are being performed by the EEO offices of MEDCOM and the USAG-FSH for their supported customers. The EEO offices of MEDCOM and USAG-FSH spend as much as 10 percent of their time performing command-directed functions such as Native American Heritage Day.

*Staffing Analysis:* MEDCOM staffing of 3 personnel was determined by local appraisal. USAG-FSH staffing of 6 personnel was determined by the number of appropriated/non-appropriated funded civilians, number of informal individual complaints processed, and the number of formal class complaints processed. The current staffing for the EEO offices is sufficient to accomplish required functions. Table 2 provides details on staffing in accordance with the applicable TDA.

***MEDCOM Staffing - TDA#MCW3VYAA:***

<b>Para/Line</b>	<b>Number of Positions</b>	<b>Position Title</b>	<b>Rank/Grade</b>	<b>Time Dedicated</b>	<b>Remarks Comments</b>
004/01	1	EEO Manager	GS 14	100%	
004/02	1	EEO Specialist	GS 13	100%	
004/03	1	Secretary	GS 5	100%	

***USAG-FSH Staffing - TDA#MCWOVDAA:***

<b>Para/Line</b>	<b>Number of Positions</b>	<b>Position Title</b>	<b>Rank/Grade</b>	<b>Time Dedicated</b>	<b>Remarks Comments</b>
002/01	1	EEO Manager	GS 13	100%	
002/02	4	EEO Specialist	GS 11	100%	
002/03	1	EEO Assistant	GS 7	100%	

**Table 2 - Staffing**

*Customers/Facilities Supported and Served:* As indicated by customer survey results, the EEO offices provide satisfactory service to their customers. Table 3 provides a summary of the customers supported and served by the two offices.

**MEDCOM Customers Supported and Served:**

- Supports 4 MEDCOM installations and 50 servicing EEO offices in CONUS and 18 servicing EEO offices overseas.
- The number of individual customers served annually was not available.

**USAG-FSH Customers Supported and Served:**

- The average population supported is approximately 5000 civilian personnel.
- The office has processed 168 EEO cases year-to-date.

**Table 3 - Customer Data**

*Current Performance Indicators/Metrics:* The performance indicators used by the EEO offices were the number of staff assistance visits conducted annually (MEDCOM) and the number of EEO complaints. Neither is an accurate measure of service quality.

**Section IV - Findings.**

The following findings were reached after analysis of data and information currently available:

- Both EEO offices are complying with EEO regulatory requirements and perform similar functions for different populations.
- The infrastructure footprint of the EEO offices, however minor, is excessive and can be reduced to gain space efficiencies and lower overhead.
- The EEO offices coordinate the performance of Installation-level special emphasis programs which are directed by the commander.

**Section V - Options.**

After review and analysis we considered two options:

**Option 1: Status Quo.**

- Strength:
  - Requires no organizational change.
  - Retains an acceptable level of support to customers.

- Weaknesses:
  - Preserves redundant (minor) infrastructure.
  - Preserves redundant organizational structure.
- Opportunities: None identified.
- Threat:
  - OSD(HA) and OACSIM resources to support redundant structure remain at risk.

Option 2: *Combine the two EEO offices into a single Installation EEO office.*

- Strengths:
  - Consolidates all EEO assets under the Installation Commander.
  - Reduces infrastructure footprint (one small office) by eliminating need for permanent space within MEDCOM facilities.
  - Saves 1-2 spaces.
  - Maintains/improves the level of customer support and service.
- Weaknesses: None identified.
- Opportunities:
  - Allows for increased staff synergy.
  - Allows for improved coordination of special emphasis programs.
  - Allows for possible future consolidation/collocation with Equal Opportunity offices into a Directorate of Equal Opportunity Programs.
- Threats: A reconciliation between OSD(HA) and OACSIM must be effected to retain the required resources.

## **Section VI - Recommendations.**

The following recommendations are based on the analysis conducted to date:

- Combine the MEDCOM and USAG-FSH EEO offices into an Installation EEO office to perform common EEO functions for a consolidated customer base.
- Establish a data collection methodology and performance metrics for the performance indicators:
  - Number of staff assistance visits conducted.

- Reports of EEO/Affirmative Employment Plans implemented.
- Integrate the results of the EEO analysis with the Equal Opportunity Office analysis and other function studies for presentation in the executive summary and decision briefing.



**Garrison Integration and Restructure Project  
US Army Medical Department Center and School  
and Fort Sam Houston, Texas**

**FUNCTION REPORT FOR  
INSPECTOR GENERAL**

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER and SCHOOL and FORT SAM HOUSTON, TEXAS**

### **Function Report for the Office of the Inspector General**

20 November 1996

#### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of our study and analysis of the Offices of the Inspector General (OIG) of the US Army Medical Command (MEDCOM), the US Army Medical Department Center and School (AMEDDC&S), and the US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains a functional description of the three offices, the methodology used to conduct the study, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: The analysis conducted, findings reached, and recommendations presented should not be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the Executive Summary and Decision Briefing delivered at the close of the project.

#### **Section I - Functional Description.**

The Office of the IG provides direct support to the military commander on whose staff each serves. The offices also respond to both internal and external requests for assistance. When organizational alignment and structure allow, such as within MEDCOM and USAG-FSH, the office of the IG provides assistance to subordinate commanders and tenant organizations. Each of the offices perform the following common functions as listed in their respective organization and functions (O&F) manuals:

- Advise the commander on the state of economy, efficiency, discipline, morale and quality of the command, management of readiness resources, and leadership of the organization.
- Conduct inspections and follow-up inspections.
- Analyze and evaluate systemic problems.
- Conduct investigations and inquiries.
- Process requests for assistance.

- Conduct training and teaching.
- Execute administrative functions and provide budget input in support of IG operations.

The MEDCOM IG serves as a personal staff officer, and inquires into and reports matters that pertain to the accomplishment of the command's mission, state of discipline, efficiency, and economy. The AMEDDC&S and USAG-FSH IGs perform similar functions: responding to internal requests for assistance and to external requests from higher level commands (e.g., Headquarters, Department of the Army, Inspector General (DAIG), the Department of Defense Inspector General (DoD IG), and MEDCOM).

## **Section II - Study Methodology.**

The SHERIKON-CALIBRE study team is composed of Joe Lyons, Phil Flewallen, Jim Sutton, and Heather Flewallen. The team conducted its interim analysis of the IG activity of MEDCOM, the AMEDDC&S, and the USAG-FSH by gathering, reviewing, and analyzing O&F manuals, authorizations and requirements documents (e.g., Tables of Distribution and Allowance (TDAs), modified TDAs), staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of the IG activities performed on other US Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with principals and subject matter experts from the three offices. Information provided was documented and analyzed. Key principals interviewed included:

- COL Rhoades, the MEDCOM Inspector General.
- COL Cheatham, the AMEDDC&S Inspector General.
- MAJ Cooper, the USAG-FSH Inspector General.

Workshops were planned, conducted, and facilitated by the SHERIKON-CALIBRE study team and attended by key members of the office staffs on 23 and 25 October 1996. Workshop results were documented and included in the analysis.

## **Section III - Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the IG activities was conducted. It included a functional analysis of the activities, their staffing, customers supported and served, and workload. Where performance measures existed, they were examined for consistency and usefulness in measuring organizational performance. Common,

redundant, and overlapping missions and functions were identified as candidates for realignment.

**Functional Analysis.** The MEDCOM OIG performs its functions at the strategic level. It monitors the activities of detailed IGs and supervises activities of acting IGs assigned to MEDCOM subordinate units. The AMEDDC&S and the USAG-FSH perform their functions at the operational level. While the functions performed by both activities are the same, their customer base differs. Table 1 lists the functions performed by the three IG offices.

<i><b>Functions Performed</b></i>	<i><b>Mandate</b></i>	<i><b>MEDCOM</b></i>	<i><b>AMEDD C&amp;S</b></i>	<i><b>USAG- FSH</b></i>
Conduct inquiries and investigations re: mission, economy, efficiency, discipline, morale of command.	AR 20-1	X	X	X
Provide command assessment.	AR 20-1	X	X	X
Provide informational assistance to students, faculty, and other IG offices.	None	N/A	X	X
Provide customer education and troop awareness training	AR 20-1	N/A	X	X

**Table 1 - Functions Performed**

The functions mandated by AR 20-1 are performed by the OIGs of MEDCOM, AMEDDC&S, and the USAG-FSH for their supported customers. The IGs of MEDCOM and USAG-FSH spend as much as 10 percent of their time performing non-mandated informational assistance functions (e.g., answer pay inquiries and housing allowance questions) that are the purview of other functional activities. They also respond to internal requests for assistance (e.g., denial of leave) that are more appropriately resolved by the chain of command.

**Staffing Analysis.** The staffing for the MEDCOM IG is determined by local appraisal. For the AMEDDC&S and USAG-FSH IGs staffing is determined by average supported population. If the monthly average supported population is under 15,000 the office receives three positions. One additional position is earned for each increment of 15,000. Note: AMEDDC&S monthly average population of 3000-5000 is determined by adding all TDA military, trainees, students, and civilians employees supported. USAG-FSH monthly average population is determined by adding all military, civilians, and family members to include tenant organizations (less AMEDDC&S). Retirees are not included and are to be accepted on a space available basis only.

Table 2 provides details on staffing in accordance with the applicable TDA.

**MEDCOM Staffing - TDA# MCW3VYAA**

Para/Line	Number of Positions	Position Title	Rank/ Grade	Time Dedicated	Remarks
009/01	1	Inspector General	06	100%	
009/02	1	Secretary	GS 6	100%	
009/03	1	Inspection Spec	GS 12	100%	
009/04	1	Support Clerk	GS 5	100%	
009A/01	1	Chief Eval Br	05	100%	
009A/02	1	Inspector General	05	100%	
009B/01	1	Ch, Asst & Inv Br	05	100%	
009B/02	1	Inspector General	04	100%	
009B/03	1	Inspection NCO	E8	100%	
009B/04	1	Investigation Spec	GS 12	100%	

**AMEDDC&S Staffing - TDA# MCW3VZAA**

Para/Line	Number of Positions	Position Title	Rank/ Grade	Time Dedicated	Remarks
104/01	1	Inspector General	04	100%	Current 1 - 05
104/02	1	Sr. Med. (Insp.) NCO	E8	100%	Current 1 - E7
104/03	1	Secretary	GS 5	65%	Remaining time in support of EO & IRACO

**USAG-FSH Staffing - TDA# MCWOVDAA**

Para/Line	Number of Positions	Position Title	Rank/ Grade	Time Dedicated	Remarks
007/01	1	Inspector General	05	100%	Current 1 - 04
007/02	1	IG NCOIC	E8	100%	
007/03	1	Pay Insp. NCO	E7	100%	
007/04	1	Supply Sgt.	E7	100%	
007/05	1	Investigation Asst.	GS 6	100%	

**Table 2 - Staffing**

**Customer Support and Service:** As indicated by the short processing time, the low number of appeals, and the low number of cases remaining open or in an unresolved state, the IGs appear to be providing satisfactory support and service to their customers. The customer workload of the IGs is driven by the number of assistance visits scheduled or requested. Table 3 illustrates workload data for the IGs.

**MEDCOM Customers Supported and Serviced:**

- The office supports the command and its subordinate medical units - a supported customer population of 2,700,000.
- The number of customers served or cases closed in 1994 and 1995 was not available.

**AMEDDC&S Customers Supported and Serviced:**

- The monthly average student population supported is 3,000 to 5,000 ( a total of approximately 25,000 - 30,000 students per year).
- The number of AMEDDC&S faculty supported is 1,880.
- The significant difference between the number of cases closed in 1994 (330) and closed in 1995 (194) was the result of not completing all formal case documentation in 1995.
- Approximately 17-20% of the caseload involve inquiries resulting from allegations.
- There are an average of 30 requests per month from other IG offices for information that are not part of the case load stated above.

**USAG-FSH Customers Supported and Serviced:**

- The customer population supported is 60,312, which does not include HQ 5<sup>th</sup> Army, MEDCOM, or the South Texas Army Retirees. No estimate of the size of the retiree customer population supported on a space available basis was available.
- The number of cases closed in 1995 was 200. 1994 data was not available.

**Table 3 - Customer Workload Data**

The analysis also indicates the case load of the AMEDDC&S and USAG-FSH is cyclical. The AMEDDC&S case load increases significantly during the summer months when major Army National Guard (ARNG) and U.S. Army Reserve (USAR) training events occur and also increases during the winter holiday period. The domestic case load of the USAG-FSH increases considerably during holiday periods and following school sessions and summer recess.

**Current Performance Indicators/Metrics.** The most common and useful performance indicators used were unit climate, customer satisfaction, and case age spread. Unit climate and customer satisfaction are generally determined by unit and customer surveys. Case age spread measures the number of open cases being carried by the IG offices and the length of time the cases have been open. Any reorganization of offices should demonstrate an improvement upon the current case age spread by showing a decrease in either the number of open cases or the length of time the cases remain open.

#### **Section IV - Findings.**

The following findings were reached after analysis of data and information currently available:

- The MEDCOM IG is strategically focused and no changes are recommended to the organization.
- The current organizational structures of the AMEDDC&S and USAG-FSH OIGs are redundant and should be combined.
- The infrastructure footprint of the AMEDDC&S and USAG-FSH offices is excessive and can be reduced to gain space efficiencies and lower overhead.
- The common functions mandated by AR 20-1 and performed by the AMEDDC&S and USAG-FSH IG offices could be performed by a single office with a smaller staff.
- The AMEDDC&S and USAG-FSH OIGs perform informational assistance functions which are not mandated by regulation or directed by the commander.
- The assistance functions performed by the USAG-FSH OIG for retirees and their family members are not mandated by regulation or law.

#### **Section V - Options.**

After our analysis and review, we considered two options:

##### **Option 1: Status Quo.**

- Strengths:
  - Provides an acceptable level of support to customers.
  - Requires no organizational change.
- Weaknesses:
  - Continues the perception of separate commands and missions.
  - Preserves redundant infrastructure.
  - Preserves redundant organizational structures.
- Opportunities: None identified.

- Threat:

- Resources to support redundant activities remain at risk.

Option 2: Retain the Office of the IG, MEDCOM and combine the Office of the IG of both AMEDDC&S and USAG-FSH into a single Installation Office of the IG.

- Strengths:

- Consolidates all IG assets under the Installation Commander.
  - Reduces infrastructure footprint by eliminating need for permanent office space within AMEDDC&S area.
  - Maintains/improves the current level of customer support and service with a concomitant (potential) reduction in the level of staffing (based upon a combined AMEDDC&S and USAG-FSH customer supported base of 76,000, the staffing standard yields a requirement for five positions, i.e., eliminating one Inspector General, one Senior NCO and one Site Administrator position).

- Weakness:

- It will be inconvenient for AMEDDC&S students to visit the IG. This can be mitigated by scheduling office hours in a school location several times weekly.

- Opportunities:

- A combined Installation IG staff should perform more effectively as workload fluctuates in the garrison and/or the schoolhouse.

- Threat:

- A reconciliation must be effected to retain the required resources, (e.g., AMEDDC&S IG funds are provided through the Defense Health Program and USAG-FSH IG funds are provided by the OACSIM).

## **Section VI - Recommendations.**

The following recommendations are based on the analysis conducted to date and options presented above:

- Retain the Office of the IG, MEDCOM on the personal staff of the Commander and continue to perform strategic mission functions for the Command and its subordinate medical units.



- Combine the AMEDDC&S and USAG-FSH offices into an Office of the Installation Inspector General under the Installation Commander to perform operational-oriented IG functions for the combined customer base.
- Document the TDA structure of the Office of the Installation Inspector General to align the personnel strength of the office with the customers supported.
- Establish a data collection methodology for capturing and measuring organizational performance using the performance indicators:
  - Unit climate.
  - Customer satisfaction.
  - Case age spread.
- Transfer responsibility for informational assistance functions which are not mandated by regulation or directed by the commander to other activities, or refer these issues to the chain of command for resolution.
- Consolidate or transfer the assistance functions performed for retirees and their family members which are not mandated by regulation or law to other Service installations in the San Antonio area, or eliminate them completely.
- Integrate the functional analysis of the three offices of the IG with the other function studies for presentation in the Executive Summary and Decision Briefing.

**Garrison Integration and Restructure Project  
US Army Medical Department Center and School  
and Fort Sam Houston, Texas**

**FUNCTION REPORT FOR  
LOGISTICS**

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL AND FORT SAM HOUSTON, TEXAS**

### **Function Report for Logistics**

17 December 1996

#### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Office of the Deputy Chief of Staff, Logistics (DCSLOG), US Medical Command (MEDCOM), the Office of the Director of Logistics (DOL), US Army Medical Department Center and School (AMEDDC&S), and the Office of the DOL, US Army Garrison, Fort Sam Houston (USAG-FSH).

This report contains the methodology used to conduct the study, a functional description of the logistic activities, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997.

#### **Section I - Functional Description.**

The logistics activity within each of the headquarters performs the same basic functions for their respective organizations, to include: plan, direct, supervise, integrate, and account for logistics readiness, support, and services. The support and services provided include: distribution and maintenance of medical, and non-medical material and other commodities; acquisition of capital investment equipment; transportation and vehicle maintenance services; and acquisition and maintenance of material management systems. Each logistics activity performs the following common functions which are documented in their respective organization and functions (O&F) manuals:

- Serve as principal assistant and consultant on matters pertaining to logistics management.
- Overseas logistics readiness.
- Operate the material management systems.
- Conduct command logistics review program.
- Conduct management of equipment, maintenance, and services.

## **Section II - Study Methodology.**

The SHERIKON-CALIBRE team conducted its study analysis of the logistics activities of the MEDCOM, AMEDDC&S, and USAG-FSH by gathering, reviewing, and analyzing O&F manuals, authorizations and requirements documents, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of logistics functions conducted on like installations were also reviewed and analyzed.

Meetings and interviews were conducted with the principals and with subject matter experts. Information provided was documented and analyzed. Principals interviewed included:

- COL Canella , Deputy Chief of Staff for Logistics, MEDCOM.
- LTC Stocker, Director of Logistics, AMEDDC&S.
- Mr. McCullum, Chief, Facilities Engineering Division, DOL, AMEDDC&S.
- Mr. Soto, Director of Logistics, USAG-FSH.

Workshops were conducted by the study team and attended by key members of the staff from each office on November 18, 19, and 21, 1996. The results were documented and are included in the analysis.

## **Section III - Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the Logistics activities within the three headquarters was conducted. This included a functional analysis of each activity, their staffing, and customers supported and served. Where performance measures existed, they were examined for consistency and usefulness. Missions and functions were examined. Those found to be common, redundant, or overlapping were identified as candidates for realignment.

*Functional Analysis:* The Office of the DCSLOG, MEDCOM functions in a strategic manner by providing medical logistics command policy, programs proponentcy, and coordinated staff support to the Army Staff and subordinate medical commanders.

The AMEDDC&S, DOL and the USAG-FSH, DOL perform their functions at the operational (installation) level. Additionally, the AMEDDC&S, DOL is in the process of transferring and combining its logistics activity into the USAG-FSH, DOL (non-medical logistics) and Brook Army Medical Center (BAMC) (medical logistics). This should result in a AMEDDC&S manpower savings of 20 military and 4 civilian spaces, as previously identified by the AMEDDC&S, DOL. Each gaining organization should be able to satisfactorily perform the transferred functions with current staffing.

The functional analysis supports the transfer and combination of the logistics activities.

However, we see further opportunities for manpower savings through the consolidation of the AMEDDC&S, DOL, Facilities Engineering Division (FED) and the USAG-FSH, Directorate of Public Works (DPW), since both these organizations are performing the same facilities management and master planning functions.

Table 1 summarizes the current functions performed by the three logistics activities.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>AMEDD C&amp;S</i>	<i>USAG- FSH</i>
Advice and assistance to Commander	AR 700 Series	X	X	X
Processes requisitions for supplies	AR 725-50, 710-2	N/A	X	X
Logistics readiness	AR 700-138	X	X	X
Food and laundry service	AR 30-1, AR 210	N/A	N/A	X
Material/property management systems	AR 710-2 AR 735-5	X	X	X
Support maintenance for equipment	AR 750-1	X	X	X
Command Logistics Review Team	AR 37-100	X	N/A	N/A
Transportation support	AR 58-1	N/A	N/A	X
Management of equipment, material, and services	AR 700-120	X	X	X
Facilities management	Command Directed	N/A	X	N/A

Table 1 - Functions Performed

*Staffing Analysis:* Personnel authorizations for MEDCOM, DCSLOG's 37 personnel authorizations are determined by local appraisal and are recorded on TDA # MCW3VYAA with an EDATE of 961101. AMEDDC&S, DOL's authorizations of 45 personnel are determined by the use of estimating equations and are recorded on TDA # MCW3VZAA with an EDATE of 971001. USAG-FSH, DOL's authorized staffing of 190 personnel are also determined by the use of estimating equations and are recorded on TDA # MCW0VDAA with an EDATE of 9611001. Our initial analysis indicates that the staffing of the three logistics activities appears adequate for each activity to perform its mission.

*Customers/Facilities Supported and Served:* Based on the results of customer surveys, the logistic activities provide an appropriate level of service to their customers. Table 2 provides a summary of customer data.

**MEDCOM, DCSLOG Customers Supported and Served:**

- Provides strategic military personnel management support to 7 Regional Medical Commands, 4 medical Installations, and 5 major subordinate commands, i.e., VETCOM, DENTCOM, CHPPM, MPMC, and AMEDDC&S.
- The actual number served was not reported.

**AMEDDC&S, DOL Customers Supported and Served:**

- Provide operational level logistic support to the Academy of Health Sciences (34 directorates, department, or special staff offices within the AMEDDC&S) and 4 subordinate organizations, i.e., the Academy Brigade, the Non-Commissioned Officer Academy, US Army School of Aviation Medicine, and the US Army Medical Equipment and Optical School.
- The student population supported is 3,000 to 5,000 per month.
- Faculty and staff supported is 1,880.
- The actual number served was not reported.

**USAG-FSH, DOL Customers Supported and Served:**

- Provides installation logistics support to 45 tenant organization, 4 non-government tenants, 6 reserve and ROTC organizations, 23 satellite activities, 14 non-appropriated fund activities, and 19 garrison activities.
- The Garrison population supported totals 74,900.
- The actual number served was not reported.

Table 2. Customer Data.

*Current Performance Indicators/Metrics:* The most effective performance indicator used by the logistic activities was customer satisfaction. In addition to utilizing the command logistics review process to survey its customers, MEDCOM, DCSLOG is developing a new suite of performance measures. Broader and more formal customer surveys are conducted by the AMEDDC&S and USAG-FSH DOLs to measure customer satisfaction. General performance measures used by each of the three headquarters include:

- Timeliness.
- Accuracy.
- Cost Effectiveness.
- Quality.

#### **Section IV - Findings.**

The following findings were reached after analysis of data and information currently available:

- The MEDCOM, DCSLOG is focused strategically and no organizational changes are recommended to the organization.
- The AMEDDC&S, DOL is in the process of transferring its medical functions to BAMC and its non-medical property book and CIF functions to the USAG-FSH, DOL.
- The AMEDDC&S, DOL, FED requires further examination during the review of the DPW.
- The infrastructure footprint of the AMEDDC&S, DOL and the USAG-FSH, DOL is excessive and can be reduced to gain space efficiencies and to lower overhead.
- The common functions performed by the DOLs of the AMEDDC&S and the USAG-FSH can be performed by a single Installation DOL.

#### **Section V - Options.**

After our analysis and review, we determined there is only one option with regard to the logistics activities: retain the MEDCOM, DCSLOG and combine the logistics functions of the AMEDDC&S, DOL with BAMC and the USAG-FSH, DOL. The USAG-FSH, DOL would function as a single Installation DOL.

- Strengths:
  - Eliminates redundant infrastructure by consolidating medical logistics and non-medical installation logistics functions in one location.
  - Maintains/improves the current level of customer support and service.
- Weakness: None identified.

- Opportunities:
  - Facilitates the potential consolidation of the DOL and the DPW into a single Directorate of Installation Management.
- Threat:
  - A reconciliation must be effected to retain the required AMEDDC&S, DOL resources provided by the Defense Health Program and USAG-FSH, DOL funding provided by OACSIM.

## **Section VI - Recommendations.**

The following recommendations are based on the analysis conducted to date:

- Retain the MEDCOM, DCSLOG to provide strategic logistics support to all MEDCOM subordinate units.
- Combine the logistics functions of the AMEDDC&S, DOL with BAMC and the USAG-FSH, DOL to create a single Installation DOL.
- Further examine the AMEDDC&S, DOL, FED during the review of the DPW to determine whether this function should be retained in the AMEDDC&S or eliminated and the mission of AMEDDC&S transferred to DPW.
- Establish a data collection methodology for capturing and measuring organizational performance. Because the recommended reorganization has the current AMEDDC&S, DOL transferring to two separate activities (BAMC, USAG-FSH, DOL), indicators must be developed to capture and measure performance at both organizations. When completed, the performance measures being developed by MEDCOM, DCSLOG should be reviewed for possible use by AMEDDC&S, DOL and the USAG-FSH, DOL. In addition, the following general performance indicators/metrics are recommended:
  - Timeliness/24 to 72 hours for Class VIII medical.
  - Accuracy/98% with a goal of 100-98% ordering request .
  - Cost Effectiveness/Reduction of 20%/Just-in-time.
  - Quality/Customer satisfaction/100% demand accommodation.
- Integrate the functional analysis of the three logistics activities with the other function studies for presentation in the executive summary and decision brief.



**Garrison Integration and Restructure Project  
US Army Medical Department Center and School  
and Fort Sam Houston, Texas**

**FUNCTION REPORT FOR  
PROTOCOL**

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL AND FORT SAM HOUSTON, TEXAS**

### **Function Report for Protocol**

30 December 1996

#### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Protocol Offices of the United States Army Medical Command (MEDCOM), the US Army Medical Department Center and School (AMEDDC&S), and the protocol activity being performed by the Public Affairs Office (PAO) of the US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains the methodology used to conduct the study, a functional description of the protocol activities, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997.

#### **Functional Description.**

Protocol is a personal staff activity of the Commander. Duties performed include: providing site support for command conferences and official functions, administrative support for official visitors, ceremonies, orientation briefings, and maintaining command calendars. Normally, the Protocol Officer reports to the Secretary of the General Staff, Executive Officer, or the Chief of Staff. The three protocol activities perform common functions:

- Coordinate visits by both foreign and U.S. dignitaries.
- Provide on-site support for command conferences and official functions.
- Coordinate General Officer and Commanders' Conferences.
- Maintain the command calendars.
- Formulate guest lists, prepare and distribute itineraries and invitations for all official functions.
- Provide orientation briefings.
- Coordinate travel.

## **Study Methodology.**

The SHERIKON-CALIBRE team conducted its analysis of the protocol activities of the MEDCOM, the AMEDDC&S, and the USAG-FSH by gathering, reviewing, and analyzing organization and function manuals, authorizations and requirements documents, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of protocol activities on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with the principals and with subject matter experts. Information provided was documented and analyzed. Principals interviewed included:

- Ms. Hagen, Protocol Officer, MEDCOM.
- Ms. Turner, Protocol Officer, AMEDDC&S.
- Mr. Reidinger, Public Affairs Officer, USAG-FSH.
- Ms. Carrillo, Community Relations Branch, Public Affairs Office, USAG-FSH.

Workshops were facilitated and conducted by the study team and attended by key members of each staff on 2 and 3 December 1996. The results were documented and are included in the analysis.

## **Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the protocol activities was conducted. This included a functional analysis of each activity, staffing, and customer workload. Where performance measures existed, they were examined for consistency and usefulness. Missions and functions were also examined. Those found to be common, redundant, or overlapping were identified as candidates for realignment.

*Functional Analysis:* The three protocol organizations perform operational-level protocol activities. The MEDCOM and the AMEDDC&S Protocol Offices have separate staffs. The USAG-FSH Community Relations Branch of the Public Affairs Office performs its protocol functions as an additional duty. The functions mandated by DA Pamphlet 600-60 are performed by each protocol office/activity, where applicable. MEDCOM's and AMEDDC&S's additional responsibility to operate video teleconference (VTC) sites negatively impacts upon their ability to perform command protocol functions. The requirement for USAG-FSH to provide protocol support to BAMC negatively impacts upon their ability to perform their PAO mission.

Table 1 list the functions performed by each protocol activity.

<b>Functions Performed</b>	<b>Mandate</b>	<b>MEDCOM</b>	<b>AMEDDC&amp;S</b>	<b>USAG-FSH</b>
Coordinates visits by both foreign and U.S. dignitaries.	DA Pam 600-60	X	X	N/A
Coordinates socials for visitors and command functions.	DA Pam 600-60	X	X	X
Coordinates General Officers' and Commanders' Conferences.	DA Pam 600-60	X	X	X
Maintains the command calendar.	DA Pam 600-60	X	N/A	X
Formulates guest lists. Prepares and distributes itineraries, invitations, etc., for all official functions.	DA Pam 600-60	X	X	X
Manages command conference room. <ul style="list-style-type: none"> <li>- Video teleconference center equipment.</li> <li>- Room schedule.</li> </ul>	Command-directed	X	X	N/A

Table 1 - Functions Performed

**Staffing Analysis:** The staffing of the MEDCOM Protocol Office is based upon local appraisal. Their four personnel authorizations are recorded on TDA # MCW3VYAA with an EDATE of 961101. The AMEDDC&S staffing is based upon an estimating equation. Their two authorizations are recorded on TDA # MCW3VZAA with an EDATE of 971001. While a previous internal realignment deleted four AMEDDC&S Protocol Office authorizations, the staff has remained. The USAG-FSH protocol activity is performed as an additional duty.

**Customer Support and Workload:** Each Protocol Office provides similar services in support of their commanders and other customers. All workload depicted in Table 2 is operational in nature.

<b>Workload Analysis:</b> (Average per year)	<b>MEDCOM</b>	<b>AMEDDC&amp;S</b>	<b>USAG-FSH</b>
Number of events (scheduled & unscheduled).	309	63	55 <sup>1</sup>
Number of senior officer visits.	50 (est.)	90	N/A
Number of international visitors.	54	70	0
Number of tours conducted.	6	11	6
Number of command-sponsored receptions.	6	15	6
Number of video teleconferences.	N/A	673	N/A

Table 2 - Customer Workload Data

*Current Performance Indicators/Metrics:* The following performance indicators and metrics are being applied by all three activities to measure performance:

- Timeliness.
- Customer Satisfaction.

### **Findings.**

The following findings were reached after analysis of data and information currently available:

- The three protocol activities perform redundant functions.
- The four authorizations previously deleted from the AMEDDC&S Protocol Office TDA place the staff in an over hire status and increases their vulnerability to inappropriate staff reductions.
- There is confusion among customer groups over protocol event management and authority.
- The command-directed responsibility for MEDCOM and AMEDDC&S protocol offices to provide video teleconference center operations continues to increase and negatively impacts upon their primary protocol mission.
- While Brook Army Medical Center has its own organic protocol capability, they obtain support from MEDCOM, AMEDDC&S, and USAG-FSH. The majority of their

<sup>1</sup> 30 are unscheduled special events.

support, however, comes from the USAG-FSH which negatively impacts upon its Installation PAO mission.

## Options.

After our analysis and review we considered two options:

### *Option 1: Status Quo.*

- Strength:
  - Provides an acceptable level of protocol support to customers.
  - Requires no organizational change.
- Weaknesses:
  - Redundant infrastructure is retained.
  - Overtime in the MEDCOM and AMEDDC&S protocol offices will continue.
- Opportunities: None identified.
- Threats: Resources to support redundant activities remain at risk.

### *Option 2: Consolidate the MEDCOM, AMEDDC&S, and USAG-FSH protocol activities into an Installation Protocol Office and locate it in the AMEDDC&S.*

- Strengths:
  - Creation of the Installation Protocol Office allows for the elimination of a Protocol Officer, Assistant Protocol Officer, and Training Administration Sergeant position.<sup>2</sup>
  - Consolidation of the Installation Protocol Office in the AMEDDC&S provides centralized support to MEDCOM and AMEDDC&S General Officers.
  - Eliminates redundant infrastructure by consolidating all protocol assets in one location.
  - Reduces infrastructure footprint by eliminating need for the permanent office space within the MEDCOM.
- Weakness: None identified.
- Opportunities: Further consolidation of the Installation Protocol Office into a Command Support Team which includes the IG, PAO, and Internal Review.
- Threat: None identified.

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<sup>2</sup> Based upon an estimating equation, the required/authorized number of manpower spaces for a consolidated protocol office is reduced from 10 to 7.

## **Recommendations.**

The following recommendations are based on the analysis conducted to date:

- Consolidate the MEDCOM, AMEDDC&S, and USAG-FSH protocol activities into an Installation Protocol Office located in the AMEDDC&S.
- Consider transferring responsibility for VTC site operations to the Directorate of Information Management or decentralize it to the user.
- Quantify the workload associated with the provision of protocol support to BAMC; accommodate it within the Installation Protocol Office through increased staffing provided by BAMC or by a reimbursable support agreement.
- Establish a data collection methodology for capturing and measuring organizational performance. The following performance indicators are recommended:
  - Timeliness.
  - Customer satisfaction.
- Integrate the functional analysis of the Protocol Activities with the other function studies for presentation in the executive summary and decision brief.

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL AND FORT SAM HOUSTON, TEXAS**

### **Function Report for the Provost Marshal's Office**

26 December 1996

#### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of our study and analysis of the Office of the Provost Marshal (PMO) offices within the US Army Medical Command (MEDCOM), the US Army Medical Department Center and School (AMEDDC&S) and the US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains a functional description of the three Provost Marshal offices, the methodology used to conduct the study, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997.

#### **Functional Description.**

The MEDCOM Provost Marshal's Office has a strategic focus in providing policy and guidance to the subordinate medical units and an operational focus in ensuring for the physical security of the MEDCOM Headquarters. The AMEDDC&S and the USAG-FSH PMOs also perform physical security functions. The USAG-FSH PMO is the only activity of the three performing a law enforcement function. Common functions among the three PMOs include:

- Serve as the commander's principal assistant and consultant on matters pertaining to security and intelligence in the command.
- Ensure adequate law enforcement is available.
- Develop emergency, training and operational plans.
- Ensure physical security.



## **Study Methodology.**

The SHERIKON-CALIBRE team conducted its study and analysis of the PMO activities of the MEDCOM, the AMEDDC&S, and the USAG-FSH by gathering, reviewing, and analyzing organization and function manuals, authorizations and requirements documents, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of PMO activities conducted on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with principals and subject matter experts. Information provided was documented and analyzed. Key principals interviewed included:

- Mr. Hank Ross, Security Officer, MEDCOM.
- CPT Simonelli, Chief, Provost Marshal Office, AMEDDC&S.
- Major Mair, Garrison Provost Marshal, USAG-FSH.

Workshops were conducted and facilitated by the study team and attended by key members of the Provost Marshal staffs of each office on 2 and 3 December 1996. Workshop results were documented and included in the analysis.

## **Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the PMO activities was conducted. This included a functional analysis of each activity, their staffing, and customers supported. Where performance measures existed, they were examined for consistency and usefulness. Missions and functions were also examined. Those found to be common, redundant, and overlapping were identified as candidates for realignment.

*Functional Analysis:* The MEDCOM PMO operates both strategically and operationally by providing policy and guidance to subordinate MEDCOM units and ensuring for the physical security of the MEDCOM Headquarters building. The performance of the physical security function by a staff which has recently been reduced from 7 to 3 positions prevents the MEDCOM PMO from conducting site and command assistance visits. The AMEDDC&S PMO is operationally focused, concentrating primarily on physical security and key control. Physical security functions are being performed by the MEDCOM PMO, the AMEDDC&S PMO, and the Garrison Provost Marshal's Physical Security Division. The AMEDDC&S's PMO spends as much as 45 percent of their time providing information desk support, classroom support, parking enforcement, and key control; 40 percent of their time providing security; and 15 percent of their time on intelligence matters. The USAG-FSH PMO is operationally focused. Their mission includes law enforcement and investigation functions for the Installation (less BAMC).

Table 1 summarizes the law enforcement, plans and training, and physical security functions of each PMO.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>AMEDDC&amp;S</i>	<i>USAG-FSH</i>
Serve as the commander's principal assistant and consultant on matters pertaining to security and intelligence in the command.	AR 190-series	X	X	X
<b>Law Enforcement:</b>				
Incident response & reporting.	AR 190-series AR 37-49 AR 608-1 AR 600-40	N/A	N/A	X
Information systems security.	AR 380-19	N/A	X	
Disciplinary control.	AR 190-38 AR 600-40	N/A	N/A	X
Plan and manage the crime prevention program.	AR 190-31	X	X	X
Maintain liaison with military and civilian police agencies and other law enforcement organizations.	18 USC 1385	N/A	N/A	X
<b>Plans &amp; Training:</b>				
Emergency preparedness planning.	AR 190-series	X	N/A	X
Ensure staff is adequately trained.	Command-directed	X	X	X
Define authority, MOAs, and ISSAs.	AR 5-9	X	N/A	X
Conduct trend analysis.	AR 190-45	X	N/A	X
<b>Physical Security:</b>				
Ensure security of government funds, property, and facilities.	AR 190-50 AR 190-13	X	X	X
Conduct security inspections.	AR 190-13	X	X	X
Key control.	AR 190-51	N/A	X	N/A
Coordinate and monitor parking areas.	AR 190-5 AR 210-4	X	X	X

Table 1 - Functions Performed

*Staffing Analysis:* The staffing for the MEDCOM is determined by local appraisal. The staffing for the AMEDDC&S and the USAG-FSH is determined by estimating equations. MEDCOM's three personnel requirements and authorizations are recorded on TDA # MCW3VYAA with an EDATE of 961101. AMEDDC&S's three personnel requirements and authorizations are recorded on TDA # MCW3VZAA, with an EDATE of 971001. The USAG-FSH's 121 personnel requirements and authorizations are recorded on TDA # MCWOVDAA with an EDATE of 971001.

*Customers Supported.* Based on customer feedback received from customer satisfaction surveys, police reports, and follow-up surveys, the PMOs are providing a satisfactory level of support and service to their customers. Table 2 provides a summary of the customer data for the three offices.

#### **MEDCOM PMO Customers Supported:**

- Provide strategic Provost Marshal support to seven Regional Medical Commands, four MEDCOM installations, and five major subordinate commands (MSC), i.e., MRC, CHPPM, AMEDDC&S, DENCOM, and VETCOM.
- Provide command assistance visits to all MSCs.

#### **AMEDDC&S PMO Customers Supported:**

- Provide physical security oversight for 103 buildings.
- Population supported - 30,000 students annually plus 1,880 faculty and staff, e.g. key control custodian, staff duty supervision, parking control, and information desk support.

#### **USAG-FSH PMO Customers Supported:**

- Provide physical security inspections for 1850 buildings.
- Total population supported - 15,301 which includes DOD tenants, other federal and state tenants, and non-government tenants.

Table 2 - Customer Data

*Current Performance Indicators/Metrics.* The USAG-FSH conducts customer surveys to measure the performance of its physical security program. There were no performance indicators reported in use for either the MEDCOM or the AMEDDC&S PMO.

## Findings.

The following findings were reached after analysis of data and information currently available:

- The MEDCOM PMO is focused strategically and operationally. Its physical security function is redundant with the USAG-FSH PMO.
- The AMEDDC&S PMO is focused operationally on physical security within the AMEDDC&S which is also redundant with the USAG-FSH PMO.
- The USAG-FSH PMO is focused operationally and provides law enforcement, security and intelligence services for Installation customers.
- Information systems security functions are performed by the MEDCOM Operations Directorate, the AMEDDC&S PMO, the AMEDDC&S Directorate of Information Management, and the USAG FSH DPTMS.

## Options.

After our review and analysis we considered two options:

### *Option 1: Status Quo.*

- Strength:
  - Provides an acceptable level of support to customers.
  - Requires no organizational change.
- Weaknesses:
  - The MEDCOM PMO continues to perform physical security functions which prevent it from focusing on its strategic mission.
  - The MEDCOM and AMEDDC&S PMOs continue to operate redundantly as operational PMOs.
  - Redundant personnel and infrastructure is retained.
- Opportunities: None identified.
- Threats: Resources to support redundant PMO activities remain at risk.

*Option 2: Retain a strategically-focused MEDCOM PMO; eliminate the Office of the AMEDDC&S PMO; create an Installation PMO; and perform all physical security functions in the Office of the Installation Provost Marshal.*

- Strengths:
  - Focuses the MEDCOM PMO solely on its strategic mission.
  - Consolidates all physical security functions under the Installation Commander.
  - Reduces infrastructure footprint by eliminating the need for permanent PMO office space within AMEDDC&S.
  - Eliminates the Physical Security Specialist authorization in the MEDCOM PMO.
  - Eliminates the Chief, PM Office and the Physical Security NCO personnel authorizations in the AMEDDC&S PMO Office. Note: The AMEDDC&S Security Specialist was previously transferred to the Installation AG.
- Weakness: None identified.
- Opportunities:
  - Combine the classified document security function common to the Provost Marshal's Office and the USAG-FSH Plans, Training, Mobilization and Security Directorate under the Garrison DPTMSEC activity.
  - Further consolidation and savings may be realized by creating an Installation Department of Public Safety which provides provost marshal, safety, fire, and emergency services.
- Threat: A reconciliation must be effected to insure AMEDDC&S PMO resources are transferred to the Installation PMO.

## **Recommendations.**

The following recommendations are based on the analysis conducted to date and options presented above:

- Retain a strategically-focused MEDCOM PMO.
- Eliminate the AMEDDC&S PMO and transfer the classified document security function to the Academy Brigade's S3 Office.
- Create an Installation PMO and perform all physical security functions in the office of the Installation PMO.

- Establish a data collection methodology for capturing and measuring organizational performance using the following performance indicators:
  - Risk assessment survey results.
  - Timeliness of reports and actions.
- Integrate the functional analysis of the Provost Marshal activities with the other function studies for presentation in the executive summary and decision brief.

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER and SCHOOL and FORT SAM HOUSTON, TEXAS**

### **Function Report for the Public Affairs Office**

27 November 1996

#### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Public Affairs Offices (PAO) of the US Army Medical Command (MEDCOM) and the US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains the methodology used to conduct the study, a functional description of the PAOs, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: Neither the analysis conducted, findings reached, or the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997.

#### **Section I - Functional Description.**

Both PAOs plan and execute the public affairs functions for their respective headquarters. They both perform the following common functions which are documented in their respective organization and functions (O&F) manuals:

- Develop command information programs.
- Develop community relations programs.
- Develop public information programs.
- Provide area support responsibilities for public affairs functions.
- Perform administrative functions.
- Perform planning, programming, and budgeting activities in support of PAO operations.

## **Section II - Study Methodology.**

The SHERIKON-CALIBRE team conducted its study and analysis of the PAO activity of MEDCOM and the USAG-FSH by gathering, reviewing, and analyzing O&F manuals, authorizations and requirements documents (e.g., Tables of Distribution and Allowance (TDAs), modified TDAs), staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of PAO activities conducted on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with the principals and with subject matter experts. Information provided was documented and analyzed. Principals interviewed included:

- COL Fix, the MEDCOM Public Affairs Officer.
- Mr. Reidinger, the USAG-FSH Public Affairs Officer.

Workshops were conducted by the SHERIKON-CALIBRE team and attended by key members of the staffs from each office on 22, 24, and 30 October 1996. The results were documented and included in the analysis.

## **Section III - Analysis.**

Using the data collected, a through top-to-bottom review and analysis of the organizational structure and working relationships of the PAO activities within the two headquarters was conducted. This included a functional analysis of activities, their staffing, and customers supported and served. Missions and functions were examined. Those found to be common, redundant, or overlapping were identified as candidates for realignment or elimination. Where performance measures existed, they were examined for consistency and usefulness.

*Functional Analysis:* The PAO MEDCOM is focused strategically, except where it also provides its media-related support to subordinate medical units. The PAO USAG-FSH performs its functions at the operational (installation) level for both the Garrison and the Army Medical Department Center and School (AMEDDC&S). Additionally, the PAO USAG-FSH performs the protocol function for the Garrison Commander. Table 1 lists the functions performed by both PAOs.



*Customers/Facilities Supported and Served:* Based on the results of customer surveys, both PAOs provide an appropriate level of service to their customers.

**MEDCOM Customers Supported and Served:**

- Approximately 2,700,000 customers are supported.
- The average monthly distribution of the *Mercury* is 39,600.
- The *Mercury* population served is 55,000.

**USAG-FSH Customers Supported and Served:**

- The population supported is 60,312.
- The average weekly distribution of *The News Letter* is 10,000.
- *The News Letter* population served is approximately 15,000.

**Table 3 - Customer Data**

*Current Performance Indicators/Metrics:* The most effective performance indicator used by the PAOs was customer satisfaction. The customer service survey method is used informally by PAO MEDCOM to survey the readers of *The Mercury*. Broader and more formal customer surveys are conducted semi-annually by PAO USAG-FSH to measure customer satisfaction in public affairs and several other garrison activities.

**Section IV - Findings.**

The following findings were reached after analysis of data and information currently available:

- Both PAOs are focused on their respective missions.
- In addition to normal PAO functions, PAO MEDCOM performs a marketing function for the Command.
- In addition to normal PAO functions, PAO USAG-FSH performs the protocol function for the Garrison Commander.
- The PAO Brook Army Medical Center (BAMC) performs similar Command Information and Media Relations/Public Affairs functions.

## **Section V - Options.**

After our analysis and review, we determined the only reasonable structural option is to retain the current MEDCOM and USAG-FSH PAOs as is and reexamine USAG-FSH's protocol function when we address this activity later. Retaining both PAOs as is:

- Maintains the level of service to customers.
- Requires no organizational change.
- Has no identified weaknesses.
- Allows for a future realignment of PAOs under the Command Support Team concept.
- Has no barriers to success.

## **Section VI - Recommendations.**

The following recommendations are based on the analysis conducted to date:

- Direct the PAO MEDCOM to stop performing a marketing function.
- Retain the PAO MEDCOM as currently structured to perform as the official spokesperson for the Command.
- Retain the PAO USAG-FSH as currently structured to perform as the official spokesperson for the installation.
- Reexamine the USAG-FSH protocol function during the study of protocol activities.
- Continue to use the customer service survey to determine customer satisfaction with PAO service and develop appropriate performance metrics for each PAO.
- Integrate the results of the functional analysis of the PAO with the other function studies for presentation in the executive summary and decision briefing.

**Garrison Integration and Restructure Project  
US Army Medical Department Center and School  
and Fort Sam Houston, Texas**

**FUNCTION REPORT FOR  
PUBLIC WORKS**

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER and SCHOOL and FORT SAM HOUSTON, TEXAS**

### **Function Report for Public Works**

22 January 1997

#### **Introduction.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Deputy Chief of Staff Installations, Environment and Facilities Management, US Army Medical Command (MEDCOM), the Facilities Engineering Division (FED), Directorate of Logistics (DOL), US Army Medical Department Center and School (AMEDDC&S), and the Directorate of Public Works (DPW), US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains the methodology used to conduct the study, a functional description of the public works offices, findings resulting from analyses conducted to date, and recommendations for organizational realignment and restructure. Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive briefing to be delivered on or about 28 January 1997.

#### **Functional Description.**

Public Works in MEDCOM is combined with installation and environmental support. The MEDCOM performs four primary functions: proponent for base operations (BASOPS) funding; point of contact (POC) for the Army Office of the Assistant Chief of Staff for Installation Management (OACSIM); major command (MACOM) engineer and funding; and policy and oversight of public works, installation management, and environment. The AMEDDC&S FED provides operational facilities management support to include: input to the Installation Facilities Master Plan; real property building management; minor construction funding; and BASOPS maintenance for AMEDDC&S facilities. The USAG-FSH DPW provides management and control of public works activities for the installation. While customer bases differ, each activity performs the following common functions:

- Facilities management.
- Environmental program compliance.
- Fire prevention and protection programs.

## **Methodology.**

The SHERIKON-CALIBRE team conducted its analysis of the public works activities of the MEDCOM, the AMEDDC&S, and the USAG-FSH by gathering, reviewing, and analyzing organization and function manuals, authorizations and requirements documents, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of DPW activities conducted on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with principals and subject matter experts. Information provided was documented and analyzed. Key principals interviewed include:

- COL Arnold, Deputy Chief of Staff, Installations, Environment and Facilities Management, MEDCOM.
- LTC Stocker, Director, Logistic Division, AMEDDC&S.
- Mr. McCullum, Chief, Facilities Engineering Division, AMEDDC&S.
- COL Smith, Director, Public Works Directorate, USAG-FSH.

Workshops were facilitated and conducted by the study team and attended by key members of each staff on 9 - 11 and 16 December 1996. The results were documented and are included in the analysis.

## **Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the public works activities was conducted. This included a functional analysis of activities, their staffing, and services provided. Where performance measures existed, they were examined for consistency and usefulness. Missions and functions were examined. Those found to be common, redundant, or overlapping were identified as candidates for realignment.

*Functional Analysis:* Each of the three organizations perform public works activities. The MEDCOM Deputy Chief of Staff, Installations, Environment and Facilities Management provides installation and environmental strategic support to Command subordinate medical installations. They are organized to support several missions and have separate resource trails associated with those missions.

The AMEDDC&S FED serves as the facilities planner and programmer for all training facilities throughout the Army Medical Department. It is separately resourced to insure facilities are capable of supporting unique training mission functions. They also manage the utilization and maintenance of AMEDDC&S facilities by serving as the liaison to the USAG-FSH DPW. The FED receives and validates all AMEDDC&S service orders and forwards them to the USAG-FSH DPW. The FED processes and develops preliminary estimates and designs for large

maintenance, repair, alteration, and construction work orders, including funding and approval, and then forwards them to the USAG-FSH DPW for execution.

The USAG-FSH DPW provides operational facilities and management support to all installation customers, including Brooke Army Medical Center. The DPW is leveraging management improvements techniques such as job order contracting, time and materials contracting, use of credit cards, and pre-approved contractors to increase efficiency.

Department of the Army has announced plans to initiate a Commercial Activities Study (A-76) of both the USAG-FSH DPW and DOL organizations. The studies are to be completed between FY 1997 and FY 2000.

Table 1 summarizes the maintenance, repairs, facilities utilization and management, environmental controls, and fire protection functions performed by each activity.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>AMEDDC&amp;S (FED)</i>	<i>USAG-FSH (DPW)</i>
Maintain, repair, alter, improve, and construct facilities	AR 415-series, AR 420- series,	X	X	X
Manage real property acquisition, disposal, and leasing	AR 210-20, AR 405-series	X	N/A	X
Manage family and unaccompanied personnel housing programs	AR 210-50	X	N/A	X
Ensure environmental and natural resources program compliance	AR 200 series	X	X	X
Operate fire protection and prevention programs	AR 420-90	X	X	X
Manage assigned use of facilities (facility master plans and space utilization)	AR 210-20, AR 420-10	X	X	X
Operate utility plants	AR 420-series	X	N/A	X
Operate Fisher House	Command-directed	X	N/A	N/A

Table 1 - Functions Performed

*Staffing Analysis:* The staffing of the MEDCOM public works activity is determined by local appraisal. MEDCOM's 22 requirements and 21 authorizations are recorded on TDA MCW3VYAA with an EDATE of 961101. The AMEDDC&S and the USAG-FSH DPW staffing is determined by estimating equations. AMEDDC&S's nine requirements and seven authorizations are recorded on TDA MCW3VZAA with an EDATE of 971001. USAG-FSH's 517 requirements and 474 authorizations are recorded on TDA MCW0VDAA with an EDATE of

971001. The DPW maintains an additional 150 person workforce with non-appropriated funds (NAF).

An analysis of the staffing dedicated to the provision of public works support indicates MEDCOM is staffed appropriately. The AMEDDC&S FED staffing is sufficient to support the AMEDDC&S facilities engineering mission. The USAG-FSH DPW reported too few staff as a reason for not providing an adequate level of installation support.

*Customers Supported and Served:* Table 2 provides a summary of the customer data for the three offices.

<b><i>MEDCOM DCS Installations, Environment and Facilities Management Services Provided:</i></b>
<ul style="list-style-type: none"><li>• Provides funding, policy, and oversight of public works, installation management, and environment support to seven regional medical commands, two medical installations, one Army installation, and five major subordinate commands, i.e., VETCOM, DENCOM, CHPPM, MRMC, and AMEDDC&amp;S.</li></ul>
<b><i>AMEDDC&amp;S FED Services Provided:</i></b>
<ul style="list-style-type: none"><li>• Provides facilities engineering services to 122 buildings, comprising 2.4 million square feet, located in three states.</li><li>• Responsible for 20 training areas covering 5,000 acres.</li></ul>
<b><i>USAG-FSH DPW Services Provided:</i></b>
<ul style="list-style-type: none"><li>• Provides engineering services to all installation customers, including AMEDDC&amp;S.</li><li>• Responsible for 1800 buildings on Fort Sam Houston comprising 12 million square feet; 900 are listed as historic properties.</li><li>• Responsible for 31,000 acres.</li><li>• Processes approximately 3000 work orders per month.</li></ul>

Table 2 - Customer Service Data

*Performance Indicators/Metrics:* The MEDCOM gauges its effectiveness by its ability to obtain public works funding and the impact of the funding it provides. Current performance indicators applied by the USAG-FSH DPW and the AMEDDC&S FED include:

- Number of building inspections conducted.
- Timeliness in response to work orders.
- Installation Status Report (used by USAG-FSH DPW only).

## **Findings.**

The following findings were reached after analysis of data and information currently available:

- The MEDCOM Office of the Deputy Chief of Staff for Installations, Environment and Facilities Management is focused strategically.
- The AMEDDC&S FED functions of management utilization, including processing requirements for work orders for maintenance repair, alteration, and construction of AMEDDC&S facilities is redundant with the USAG-FSH DPW and appears to have been created as a "workaround" to compensate for the lack of timely, cost effective engineering services from the USAG-FSH DPW.
- The AMEDDC&S FED is not properly focused on its mission of facilities planning and programming.
- The USAG-FSH DPW reports they are offsetting staffing shortfalls by implementing management improvements such as job order contracting, time and materials contracting, use of credit cards, and pre-approved contractors to increase efficiency. However, AMEDDC&S FED, the USAG-FSH DCA, and other installation customers continue to use costly and inefficient workarounds to obtain engineering support.
- The Fort Sam Houston unaccompanied personnel housing (Guest House) function is the joint responsibility of the USAG-FSH DPW and the USAG-FSH DCA.
- Appropriated and NAF vehicle maintenance functions are performed by USAG-FSH's DOL, DCA, and DPW.
- Facility inspections are being performed by Safety, Fire, Environmental, DOL, and DPW.
- The use of credit cards to purchase engineering services from commercial vendors has increased USAG-FSH DPW's workload. Credit card holders typically do not comply with engineering standards and procure services which are aesthetic in nature.

## **Recommendations.**

The following recommendations are based on the analysis conducted to date:

- Retain the MEDCOM Office of the Deputy Chief of Staff Installations, Environment and Facilities Management, US Army Medical Command, to provide installation and environmental strategic support to Command subordinate medical installations.
- Refocus the AMEDC&S FED on planning and programming all training facilities throughout the Army Medical Department; organizationally realign it as a division within the Resource Management Directorate of the AMEDDC&S and incorporate the AMEDDC&S building managers.



- Staff the FED (within Resource Management) at four authorizations, based on the new mission and incorporation of the building managers, leaving three authorizations excess (Civil Engineer, General Facility Specialist, and Facility Assistant).
- Realign the FED's facility utilization and maintenance function to its proper location in the USAG-FSH DPW.
- End the costly and inefficient practice of AMEDDC&S and the USAG-FSH's DOL and DCA "working around" what some customers regard as an inefficient DPW operation.
- Consolidate APF and NAF wheeled vehicle maintenance in the DOL and eliminate the five spaces in USAG-FSH DPW's Organizational Vehicle Maintenance Branch.
- Perform an A-76 Commercial Activities study of the USAG-FSH DPW to identify the appropriate level of engineering support to be provided by the DPW and/or commercial activities and an A-76 Commercial Activities study of the USAG-FSH DOL and DPW to identify the appropriate level of wheeled vehicle maintenance to be provided by the DOL/DPW and/or commercial activities.
- Centralize the unaccompanied personnel housing (Guest House) function in the DCA, subject to the findings of the Army Audit Agency (AAA) and the Assistant Chief of Staff for Installation Management (ACSIM) study.
- Create a Installation Business Center for Public Safety and perform all facility inspection functions in the new organization to create opportunities for additional savings.
- Create an Installation Business Center for Industrial Operations and realign the USAG-FSH DPW and DOL within it to create opportunities for additional savings.
- Develop performance standards for both quality and timeliness of properly completed outputs and performance indicators to measure whether the work performed was below, met, or exceeded the standard. Consider the performance standards/indicators of:
  - Number of inspections conducted.
  - Timeliness in initial response to work orders.
  - Efficiency and accuracy in completion of work orders.
  - Installation Status Report.
  - Periodic comparison of comparable vendor costs to DPW actual costs.
  - Customer satisfaction.
- Integrate the functional analysis of the Directorate of Public Works with the other function studies for presentation in the executive summary and report.

Implementing the above recommendations results in:

- MEDCOM continuing to provide installation and environmental strategic support to Command subordinate medical installations.
- An AMEDDC&S FED refocused on its primary mission of planning and programming all training facilities throughout the Army Medical Department.
- Reduction in AMEDDC&S FED infrastructure and staffing.
- Consolidation of Installation DPW activities in one location.
- Elimination of USAG-FSH DCA and DOL NAF-funded workarounds and a refocused DPW providing all installation engineering services.
- Centralized wheeled vehicle maintenance, reduced staff, and increased synergy.
- Centralized facility inspections, reduced staff, and increased synergy.
- Centralized unaccompanied personnel housing and increased synergy.
- Improved credit card accountability.
- Facilitation of the A-76 Commercial Activities management study of the DPW and DOL.
- Improved customer service.

**Garrison Integration and Restructure Project  
US Army Medical Department Center and School  
and Fort Sam Houston, Texas**

**FUNCTION REPORT FOR  
PLANS, TRAINING, MOBILIZATION AND SECURITY**

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL AND FORT SAM HOUSTON, TEXAS**

### **Function Report for Plans, Training, Mobilization and Security**

24 December 1996

#### **Executive Summary.**

This document contains the function report of the functional analysis of the Directorate of Operations, US Army Medical Command (MEDCOM); the Mobilization Plans Office, US Army Medical Department Center and School (AMEDDC&S); and the Directorate of Plans, Training, Mobilization and Security, U.S. Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains a functional description of the three activities, the methodology used to conduct the study, findings resulting from analyses conducted to date and options and recommendations for organizational realignment and restructure. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997. Note: Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. This report does not address the USAG-FSH Training Support Center which is under separate review for possible combination with the AMEDDC&S's Health Science Media Division.

#### **Functional Description.**

The MEDCOM, Directorate of Operations (DO) and the USAG-FSH, Directorate of Plans, Training, Mobilization and Security (DPTMSEC) are responsible for directing and coordinating plans, operations, mobilization, security, and training for their commands. The AMEDDC&S capability in this area is limited and resulted from the disestablishment of the DO which retained the Mobilization Plans Office, AMEDD Museum Office, and the International Military Student Office from the original directorate. The remainder of the AMEDDC&S, DO was integrated into existing activities. The MEDCOM DO and the USAG-FSH DPTMSEC have the following common functional responsibilities:

- Serve as the commander's principal assistant and consultant on matters pertaining to plans, training, mobilization, and security of the command.
- Direct and coordinate plans, current operations, mobilization, and training.
- Provide security and intelligence support.

- Develop contingency plans.
- Ensure total readiness.

### **Study Methodology.**

The SHERIKON-CALIBRE team conducted its analysis of the plans, operations, mobilization, and security activities of MEDCOM, AMEDDC&S, and USAG-FSH by gathering, reviewing, and analyzing organization and function manuals, authorizations and requirements documents, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of DO and DPTMSEC activities conducted on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with the principals and with subject matter experts. Information provided was documented and analyzed. Principals interviewed included:

- COL Opio, Director of Operations, MEDCOM.
- Dr. Compton, Chief, Plans Division, MEDCOM.
- Mr. Barth, Chief, Mobilization Plans Office, AMEDDC&S.
- Mr. Miller, Director, Plans, Training, Mobilization and Security, USAG-FSH.

Workshops were attended by key members of the staff from each office on November 25 and 26, and December 2, 1996. The results were documented and are included in the analysis.

### **Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the plans, operations, mobilization, and security activities within the three organizations was conducted. This included a functional analysis of the activities, their staffing, and customers supported and served. Where performance measures existed, they were examined for consistency and usefulness. Common, redundant, and overlapping missions and functions were identified as candidates for realignment.

*Functional Analysis.* There is redundancy in the functions performed by the three activities. The MEDCOM DO functions strategically by providing plans, operations, and training support to all major subordinate medical units. The DO also provides operational-level assistance by processing personnel security clearances for Headquarters, MEDCOM. The AMEDDC&S, Mobilization Plans Office and the USAG-FSH also process security clearances for their commands. The AMEDDC&S Mobilization Plans Office develops, reviews, and maintains all mobilization strategies, policies, programs, and plans for the command. The USAG-FSH DPTMSEC performs the same functions, but focus on providing installation plans and operations support. There is also an AMEDD Museum Office and a USAG-FSH DPTMSEC Museum Division.

Table 1 summarizes the current functions performed by each activity.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>AMEDD C&amp;S</i>	<i>USAG- FSH</i>
Serve as the commander's principal assistant and consultant on matters pertaining to plans, training, mobilization, and security of the command.	AR 380-5	X	X	X
Direct and coordinate plans, current operations, mobilization, and training.	AR 380-5	X	X	X
Provide security and intelligence support. <ul style="list-style-type: none"> <li>• Security clearances.</li> <li>• Approval of foreign visitors.</li> <li>• Information systems security.</li> <li>• Classified document security.</li> </ul>	AR 381 series, AR 380-28 AR 380-10 AR 380-19	X	X	X
Develop contingency plans.	AR 380-5	X	X	X
Ensure total readiness.	AR 380-5	X	X	X
Operate museums.	N/A	N/A	X	X

Table 1 - Functions Performed

*Staffing Analysis.* MEDCOM DO's 31 personnel authorizations recorded on TDA # MCW3VYAA with an EDATE of 961101 are based upon local appraisal. AMEDDC&S Mobilization Plans Office authorizations of 3 personnel (AMEDD Museum) recorded on TDA # MCW3VZAA with an EDATE of 971001 are also based upon local appraisal. The staffing of one authorization and the funding for the Mobilization Plans Office are provided directly from the Department of Army. USAG-FSH DPTMSEC's authorized staffing of 91 personnel recorded on TDA # MCW0VDAA with an EDATE of 961101 is based upon population serviced.

*Customers Supported and Served:* Based on customer feedback, tasking support, and mobilization readiness reporting, the MEDCOM DO, the AMEDDC&S Mobilization and Planning Office, and the USAG-FSH DPTMSEC are providing a satisfactory level of support to their customer bases. Table 2 summarizes customer data for each activity.

***MEDCOM DO Customers Supported:***

- Provides strategic plans, operations, mobilization, and security management support to seven Regional Medical Commands, four MEDCOM installations, and five major subordinate commands, i.e., VETCOM, DENCOM, CHPPM, MPMC, and AMEDDC&S.

***AMEDDC&S Mobilization Plans Office Customers Supported:***

- Provide operational level plans and mobilization support to the Academy of Health Sciences (34 directorates, departments or special staff offices) and 5 subordinate organizations, i.e., The Academy Brigade, The Non-Commissioned Officer Academy, The US Army School of Aviation Medicine, The Academy of Health Sciences, and The US Army Medical Equipment and Optical School.
- Provide operational support to the U.S. Army Medical Training Center in support of its mobilization mission.

***USAG-FSH, DPTMSEC Customers Supported:***

- The USAG-FSH, DPTMSEC provides support to all military organizations assigned to the garrison and its 4 tenant organizations. The DPTMSEC also provides support to 15 Army Reserve major commands in a 15 state area.
- Serves as the mobilization site for 40 US Army Reserve units.

Table 2 - Customer Data

*Current Performance Indicators/Metrics.* The MEDCOM DO reported using the following performance indicators/metrics:

- Command readiness/C-rating (per USR report).
- Operational task turn-around/three days.
- Security violations/number.

The USAG-FSH DPTMSEC reported using the following performance indicators/metrics:

- Timeliness/completeness/quality of required actions.
- Customer satisfaction/feedback.
- Readiness/rating level.
- Readiness/deficiencies.
- Compliance/number of regulatory noncompliance.
- Access time/amount of lost time.

There were no performance indicators/metrics reported in use by the AMEDDC&S Mobilization Plans Office.

## Findings.

The following findings were reached after analysis of available data and information:

- The MEDCOM DO is focused strategically except for the personnel security function.
- The AMEDDC&S Mobilization Plans Office is redundant with the USAG-FSH DPTMSEC Plans, Operations, and Mobilization Division.
- Security clearance processing is performed by the MEDCOM DO, the AMEDDC&S Adjutant General, and the USAG-FSH DPTMS.
- Classified document receipt, storage, and distribution is performed by the AMEDDC&S Provost Marshal, and the USAG-FSH DPTMS.
- Information systems security functions are performed by the MEDCOM DO, the AMEDDC&S Provost Marshal, the AMEDDC&S Directorate of Information Management (DOIM), and the USAG-FSH DPTMS.
- The administrative functions of the AMEDD Museum Office are redundant with the USAG-FSH DPTMSEC Museum Division.

## Options.

After our analysis and review, we considered two options:

### *Option 1: Status Quo:*

- Strengths:
  - Provides an acceptable level of support to customers.
  - Require no organizational change.
- Weakness: Preserves redundancy in classified document handling, mobilization planning, museum management, information systems security, and personnel security.
- Opportunities: None identified.
- Threat: Funding to support redundant activities remain at risk.



*Option 2: Retain the MEDCOM DO. Consolidate the AMEDDC&S Mobilization Planning Office and the AMEDD Museum Office into the USAG-FSH DPTMS. Consolidate MEDCOM, AMEDDC&S, and Installation security clearance processing. Consolidate the information systems security functions into the USAG-FSH Directorate of Information Management (DOIM).*

- Strengths:

- Eliminates one GS-11 position authorized within the AMEDDC&S Provost Marshal's office responsible for classified document management, information systems security, and information assistance to students.
- Eliminates redundant infrastructure by consolidating mobilization planning, museum management, information systems security, and personnel security processing in one location under the Installation Commander.
- Disestablishes the AMEDDC&S Emergency Operations Center (EOC); consolidates all EOC functions into the USAG-FSH EOC; eliminates redundant infrastructure; and transfers two man-years now being paid for by HQDA from the AMEDDC&S to the USAG-FSH DPTMSEC.

- Weakness: None identified.
- Opportunity: Combine the security clearance processing function of the Provost Marshal's Office and the USAG-FSH DPTMSEC under the Installation activity to eliminate the redundancy.
- Threat: A reconciliation must be effected to retain the appropriate funding from the Defense Health Program and the Office of the Chief of Staff for Installation Management.

### **Recommendations.**

- Retain the MEDCOM DO to provide plans and operations support to all MEDCOM subordinate units.
- Transfer the AMEDDC&S Mobilization Plans Office and the AMEDD Museum Office into the USAG-FSH DPTMSEC.
- Transfer all MEDCOM and AMEDDC&S security clearance processing to the USAG-FSH DPTMSEC Security Division.
- Transfer all MEDCOM and AMEDDC&S information systems security functions to the DOIM, AMEDDC&S.
- Consolidate the AMEDDC&S and USAG-FSH Emergency Operations Center into the Installation location.

- Use the following performance indicators/metrics to determine the effectiveness of the realignment changes:
  - Timeliness/completeness/quality of required actions
  - Customer satisfaction/feedback
  - Readiness/C-rating level
  - Readiness/deficiencies
  - Compliance with regulations/number of noncompliances
  - Access time/number of hours lost
  - Security/number of violations
- Integrate the functional analysis of the three offices/directorates with the other function studies for presentation in the executive summary and decision brief.

**Garrison Integration and Restructure Project  
US Army Medical Department Center and School  
and Fort Sam Houston, Texas**

**FUNCTION REPORT FOR  
RESOURCE MANAGEMENT**

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER and SCHOOL and FORT SAM HOUSTON, TEXAS**

### **Function Report for the Directorate of Resource Management**

23 December 1996

#### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Deputy Chief of Staff, Resource Management (DCSRM) for the US Army Medical Command (MEDCOM), the Directorate of Resource Management (DRM) of the US Army Medical Department Center and School (AMEDDC&S), and the US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains the methodology used to conduct the study, a functional description of the resource management (RM) offices, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997.

#### **Functional Description.**

The resource management activity within each of the headquarters performs the same basic functions for their respective organizations: obtaining, administratively controlling, accounting for, and recommending allocation of resources. All three RM activities perform the following common functions which are documented in their respective organization and functions (O&F) manuals:

- Serve as the commander's principal assistant and consultant on matters pertaining to the overall financial management of the command.
- Program and budget planning and management.
- Coordinate and analyze resources utilization.
- Supervise commercial activities.
- Monitor accounting systems and procedures.

## **Study Methodology.**

The SHERIKON-CALIBRE team conducted its study and analysis of the RM activities by gathering, reviewing, and analyzing O&F manuals, authorizations and requirements documents, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of RM activities conducted on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with the principals and with subject matter experts. Information provided was documented and analyzed. Principals interviewed included:

- LTC Foxhall, Chief, Program and Budget Division and Mr. Mercer, Budget Officer - MEDCOM.
- LTC Moon, Director, Resource Management and Ms. Camarillo, Chief, Program and Budget Division - AMEDDC&S.
- Mr. Faleide, Director, Resource Management - USAG-FSH.

Workshops were facilitated and conducted by the study team and attended by key members of each staff on November 12 and 13, 1996. The results were documented and are included in the analysis.

## **Analysis.**

Using the data collected, a thorough top-to-bottom review and analysis of the organizational structure and working relationships of the RM activities within the three headquarters was conducted. This included a functional analysis of activities, their staffing, and customers supported. Where performance measures existed, they were examined for consistency and usefulness. Missions and functions were examined. Those found to be common, redundant, or overlapping were identified as candidates for realignment.

*Functional Analysis:* The DCSRM, MEDCOM is functioning in a strategic manner in that its focus is providing assistance to all subordinate medical units. The AMEDDC&S and the USAG-FSH DRMs perform similar operational functions, although their customer bases differ. All three RM activities perform their mandated functions. Table 1 lists the functions performed by each activity.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>AMEDDC&amp;S</i>	<i>USAG-FSH</i>
Budget - Consolidated budget planning and preparation; monitoring current year funds; synchronization of appropriated program and budgets. Provides budgetary guidance, policies, and assistance.	AR 37 Series	X	N/A	X
Manpower - Execution of manpower and equipment programs; develop and validate manpower requirements.	AR 570-4, AR 611 Series	X <sup>1</sup>	X	X
Management - Conduct management reviews and analysis; cost and economic analysis; administer Army Ideas for Excellence Program.	AR 5-17, FM 100-2	X	X	X
Commercial Activities Program	AR 5-20	X	X	X
Finance/Accounting - Maintain status of fund authorization and available prior year funds; provide guidance and assistance.	AR 37 Series	X	X	X

Table 1 - Functions Performed

*Staffing Analysis:* The staffing of the MEDCOM DCSRM and the AMEDDC&S DRM is determined by local appraisal. The USAG-FSH DRM staffing is determined by applicable estimating equations. Staffing in each case appears to be aligned with the current workload. MEDCOM's 95 personnel requirements and authorizations are recorded on TDA# MCW3VYAA with an EDATE of 961101. AMEDDC&S's 25 requirements and 13 authorizations are recorded on TDA # MCW3VZAA with an EDATE of 71001. USAG-FSH's 38 requirements and authorizations are recorded on TDA # MCW0VDAA with an EDATE of 971001.

*Customers Supported:* Based on customer feedback, the RMs are providing an satisfactory level of support and resources to their customer bases.

<sup>1</sup> Manpower functional responsibility being transferred to DCSOPS.

***MEDCOM DCSRM Customers Supported:***

- Provides strategic military personnel management support to 7 Regional Medical Commands, 4 medical installations, and 5 major subordinate commands, i.e., VETCOM, DENTCOM, CHPPM, MRMC, AMEDDC&S.

***AMEDDC&S DRM Supported:***

- Provide operational level resource management support to the Academy of Health Sciences (34 directorates, departments, or special staff offices) and 4 subordinate organizations: the Academy Brigade, the Non-Commissioned Officer Academy, US Army School of Aviation Medicine, and the US Army Medical Equipment and Optical School.

***USAG-FSH DRM Customers Supported:***

- Provides installation resource management support to 19 garrison activities.
- Provides inter-service support to 260 tenants and satellite organizations.

Table 2: Customer Data

*Current Performance Indicators/Metrics:* Performance indicators and metrics are not being used to measure the performance of the RM activities.

**Findings.**

The following findings were reached after analysis of data and information currently available:

- The MEDCOM DCSRM is focused strategically and no organizational changes are recommended to the organization.
- The AMEDDC&S Program and Budget Division should be retained to perform program and budget functions of the major subordinate command (MSC).
- The resource management function of the AMEDDC&S Manpower and Management Division, the USAG-FSH Management Analysis Division, and the USAG-FSH Manpower and Equipment Documentation Office are redundant and should be combined.
- The common functions performed by the RM activities of the AMEDDC&S and the USAG-FSH could be performed by a single office.

- The infrastructure footprint of the AMEDDC&S and UASG-FSH DRMs is excessive and can be reduced to gain space efficiencies and lower overhead.

## Options.

After our analysis and review, we determined two options:

### *Option 1: Status Quo:*

- Strengths:
  - Provides an acceptable level of support to customers.
  - Requires no organizational change.
- Weakness:
  - Preserves redundant AMEDDC&S and USAG-FSH DRM manpower and management infrastructure.
- Opportunities: None identified.
- Threat:
  - Resources to support redundant activities are put at risk.

### *Option 2: Retain the DCSRM MEDCOM. Retain the AMEDDC&S DRM Program and Budget Division. Consolidate the AMEDDC&S Manpower and Management Division into the USAG-FSH DRM Management Analysis Division and the Manpower and Equipment Documentation Office.*

- Strengths:
  - Consolidates installation manpower and management functions in one location under the Installation Commander.
  - Saves 7 authorized management analyst and assistant positions when the two functions are consolidated.
  - Maintains/improves the current level of customer support and service through the more efficient utilization of the combined Installation DRM staff.
  - Eliminates redundant infrastructure.
- Weakness: None identified.
- Opportunities:
  - Further personnel and infrastructure reductions in the AMEDDC&S Program and Budget Office following consolidation of the Inspectors General office, Chaplains, Directorate of Logistics, etc.



- Elimination of the AMEDDC&S Program and Budget Office once a single funding stream is realized.
- Threat:
  - A reconciliation must be effected to retain appropriate funding from the Defense Health Program and Office of the Assistant Chief of Staff for Installation Management.

## **Recommendations.**

The following recommendations are based on the analysis conducted to date:

- Retain the DCSRM, MEDCOM to provide resource management support to MEDCOM subordinate units.
- Retain the AMEDDC&S Program and Budget Division to perform program and budget functions MSC.
- Combine the AMEDDC&S DRM Manpower and Management Division into the USAG-FSH DRM Management Analysis Division and Manpower Equipment Documentation Office.
- Use the following performance indicators/metrics to determine the effectiveness of the recommended changes:
  - Customer service surveys/customer satisfaction.
  - Timeliness/cycle time to provide resource information (manpower & dollars) requested.
- Integrate the functional analysis of the three RM activities with the other function studies for presentation in the executive summary and decision brief.

# **GARRISON INTEGRATION AND RESTRUCTURE PROJECT**

## **US ARMY MEDICAL DEPARTMENT CENTER and SCHOOL and FORT SAM HOUSTON, TEXAS**

### **Function Report for the Safety Office**

29 November 1996

#### **Executive Summary.**

This document, prepared by the SHERIKON-CALIBRE team, contains the function report of the study and analysis of the Safety Management Office (SMO) of the US Army Medical Command (MEDCOM), and the Safety Offices of the US Army Medical Department Center and School (AMEDDC&S) and US Army Garrison, Fort Sam Houston (USAG-FSH).

The report contains the methodology used to conduct the study, a functional description of the safety offices, findings resulting from analyses conducted to date, and options and recommendations for organizational realignment and restructure. Note: Neither the analysis conducted, findings reached, nor the recommendations presented should be construed to be final. These results will be integrated with those of the other function studies and further analyzed for presentation in the executive summary and decision briefing to be delivered on or about 30 January 1997.

#### **Section I - Functional Description.**

The safety offices manage the command's safety and occupational health programs. They perform the following common functions which are documented in their respective organization and functions (O&F) manuals:

- Advise the commander, senior management, and supervisors on safety issues, occupational health, fire prevention, and hazardous waste.
- Prepare directives and procedures establishing technical and administrative safety and occupational health requirements.
- Collect historical safety information and identify critical safety-related operational requirements for equipment and work training environments.
- Define maximum allowable accident rates.
- Conduct surveys, evaluations, and inspections of safety programs and activities.

- Provide guidance and assistance to commanders and line supervisors in establishing an effective safety program.
- Provide policy and procedures for the management of hazardous materials and hazardous waste according to environmental safety laws and regulations.
- Perform administrative functions and budgeting in support of safety operations.

## **Section II - Study Methodology.**

The SHERIKON-CALIBRE team conducted its study and analysis of the safety offices of MEDCOM, AMEDDC&S, and the USAG-FSH by gathering, reviewing, and analyzing O&F manuals, authorizations and requirements, staffing and manning documents, mission statements, and other related documentation recording authorities, roles, responsibilities, and applicable laws and regulations. Similar studies of safety offices conducted on other Army installations were also reviewed and analyzed.

Meetings and interviews were conducted with the principals and with subject matter experts. Information provided was documented and analyzed. Principals interviewed included:

- Mr. Melton, the MEDCOM Safety Officer.
- Mr. Nolen, the AMEDDC&S Safety Officer.
- Mr. Schramek, the USAG-FSH Safety Officer.

Workshops were conducted by the study team and attended by key members of each staff on 28-29 October and 5 November 1996. The results were documented and included in the analysis.

## **Section III - Analysis.**

Using the data collected, a through top-to-bottom review and analysis of the organizational structure and working relationships of the safety offices within the three headquarters was conducted. This included a functional analysis of activities, staffing, and customers supported and served. Missions and functions were examined. Those found to be common, redundant, or overlapping were identified as candidates for realignment or elimination. Where performance measures existed, they were examined for consistency and usefulness.

*Functional Analysis:* The SMO MEDCOM is focused strategically and also provides staff consultation and assistance to major subordinate commands. The safety offices of the AMEDDC&S and the USAG-FSH perform functions at the operational (installation) level. These functions are the same for both organizations, with the exception of systems safety,

which is peculiar to the AMEDDC&S. Table 1 lists the functions performed by the safety offices of the three headquarters.

<i>Functions Performed</i>	<i>Mandate</i>	<i>MEDCOM</i>	<i>AMEDD C&amp;S</i>	<i>USAG-FSH</i>
Conduct facility inspections as required by OSHA, Federal and USDA regulations, and Union agreement	AR 385-10 29 CFR 1960 & DODI 6055.1	N/A	X	X
Provide safety updates	AR 375-10	X	X	X
Develop and implement risk management program	AR 385-10	X	X	X
Provide training to managers and supervisors	AR 385-10	X	X	X
Integrate systems safety into materiel development	C&S Reg 10-1, AR 385-16 & DODD 5000-1	X	X	X
Provide consultation to OTSG	N/A	X	X	N/A
Monitor OSHA regulation implementation program	29 CFR 1910, 1960	X	X	X

**Table 1 - Functions Performed**

*Staffing Analysis:* The staffing of the MEDCOM SMO is determined by local appraisal and appears to be aligned with the current workload. AMEDDC&S staffing is determined by the number of: hazardous materiel inspections conducted; students and faculty assigned; and buildings maintained. USAG-FSH reported no staffing standards. Table 2 provides details on staffing in accordance with the applicable TDA.

***MEDCOM Staffing - TDA# MCW3VYAA***

<b>Para/Line</b>	<b>Number of Positions</b>	<b>Position Title</b>	<b>Rank/Grade</b>	<b>Time Dedicated</b>	<b>Remarks</b>
003/01	1	Safety & Occupation Health Manager	GS 14	100%	
003/02	1	Safety & Occupation Health Manager	GS 13	100%	
003/03	1	Safety & Occupation Health Specialist	GS 12	100%	
003/04	1	Secretary	GS 5	100%	

**AMEDDC&S Staffing - TDA# MCW3VZAA**

Para/Line	Number of Positions	Position Title	Rank/Grade	Time Dedicated	Remarks
109/01	1	Safety & Occupation Health Manager	GS 12	100%	
109/02	2 <sup>1</sup>	Safety & Occupation Health Specialist	GS 11	100%	Not authorized on TDA
109/03	1	Safety & Occupation Health Specialist	GS 9	100%	

**USAG-FSH Staffing - TDA# MCWOVDAA**

Para/Line	Number of Positions	Position Title	Rank/Grade	Time Dedicated	Remarks Comments
008/01	1	Safety & Occupation Health Manager	GS 11	100%	
008/02	1	Safety & Occupation Health Specialist	GS 9	100%	Filled by intern

**Table 2 - Staffing**

*Customers/Facilities Supported and Served:* Based on the results of our interviews and customer data (Table 3), the AMEDDC&S and USAG-FSH safety offices are not providing an appropriate level of service to their customers, especially those on Camp Bullis.

**MEDCOM Customers/Facilities Supported and Served:**

- The office supports the Command and its major subordinate commands.
- Customers served data was not available.

**AMEDDC&S Customers/Facilities Supported and Served:**

- The monthly average student population supported is 3,000 to 5,000 ( a total of approximately 25,000 - 30,000 students per year).
- The number of AMEDDC&S faculty supported is 1,880.
- Safety classes were provided to 132 customers in 1994 and 253 in 1995.
- The number of buildings supported is 160, occupying over 2 million square feet.
- There were 26 building inspected in 1994 and 48 in 1995.

**Table 3 - Customer Data**

<sup>1</sup> Total office staffing is 4.

**USAG-FSH Customers/Facilities Supported and Served:**

- The customer population supported is 60,312.
- Safety classes were provided to 400 customers in 1994 and 100 in 1995.
- Installation support includes 3800 acres on Ft. Sam Houston and 30,000 acres of tenants and Camp Bullis. These numbers exclude AMEDDC&S, BAMC, and 5th Army.
- There were 440 buildings inspected in 1994 and 200 in 1995.

**Table 3 - Customer Data (Cont'd)**

*Current Performance Indicators/Metrics:* For MEDCOM, performance indicators include the number of programs evaluated annually, the amount and cost of military and civilian lost time due to injury, and the numbers of OSHA violations and JCAH findings. AMEDDC&S and USAG-FSH did not report usage of performance indicators.

**Section IV - Findings.**

The following findings were reached after analysis of data and information currently available:

- The MEDCOM SMO is strategically focused and no organizational changes are recommended at this time.
- The AMEDDC&S and USAG-FSH Safety Offices are inadequately staffed and are not performing regulatory safety inspections and risk management training. They are not in full compliance with regulatory requirements for safety programs/consultations/evaluations, safety management training, and integration of risk assessment and risk management into operational activities.
- The current organizational structures of the AMEDDC&S and USAG-FSH Safety Offices are redundant and can be combined.
- The common functions mandated by AR 385-10, Federal law, DOD, DA regulatory guidelines and performed by the AMEDDC&S and USAG-FSH offices can be performed by a combined safety office.
- The infrastructure footprint of the AMEDDC&S and USAG-FSH offices, although minor, is excessive and can be reduced to gain space efficiencies and lower overhead.

## Section V - Options.

After our analysis and review we considered two options:

### *Option 1: Status Quo.*

- Strength:
  - Requires no organizational change.
- Weaknesses: (applies to AMEDDC&S and USAG-FSH only)
  - Non-compliance with regulatory requirements will likely continue.
  - Continues the perception of separate commands and missions.
  - Redundant infrastructure, although minor, will be retained.
- Opportunities: None identified.
- Threats: (applies to AMEDDC&S and USAG-FSH only)
  - Failure to comply with regulatory requirements places undue risk upon the commands and their personnel.
  - OSD(HA) and OACSIM resources which support redundant activities remain at risk.

### *Option 2: Retain the MEDCOM Safety Management Office and combine the Safety Offices of the AMEDDC&S and USAG-FSH into a single Installation Safety Office.*

- Strengths:
  - Combines all operational installation safety assets under the Installation Commander.
  - Reduces infrastructure footprint by eliminating need for permanent office space within AMEDDC&S area.
  - Mitigates risk to the commands by using the combined installation safety staff to perform regulatory safety inspections and risk management training.
  - The USAFISA staffing methodology for an Installation Safety Office uses population served as the workload factor. Applying this methodology yields 5 requirements. The current staffing of a combined safety office is 4 requirements but 6 “faces” including 2 provided by AMEDDC&S. Potential saving is 1 “face”, however an additional requirement must be provided to balance the staffing.
- Weakness: None Identified.

- Opportunities: None Identified.
- Threat: A reconciliation must be effected to retain OSD(HA) and OACSIM resources.

## **Section VI - Recommendations.**

The following recommendations are based on the analysis conducted to date:

- Retain the MEDCOM SMO as currently structured.
- Combine the AMEDDC&S and USAG-FSH safety offices into a single Installation Safety Office.
- Conduct a risk assessment survey of all installation assets and use results to prioritize safety inspection and training schedules.
- Establish a data collection methodology for capturing and measuring organizational performance of the combined Installation Safety Office using the following performance indicators:
  - Number of OSHA violations.
  - Cost of unabated risk assessments.
  - Number of supervisor performance evaluations that include safety criteria.
  - Percentage of required inspections completed.
  - The number of work sites inspected annually.
  - The number of FECA cases annually closed and their total cost.
- Integrate the results of the functional analysis of the safety offices with the other function studies for presentation in the executive summary and decision briefing.





**CALIBRE**  
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October 15, 1996

SUBJECT: Garrison Integration and Restructure White Paper - Trip Report to USAG  
Fort Knox, Kentucky, 7-9 October 1996

Both in support of the Garrison Integration and Restructure Project and in compliance with subcontract number 96-1131-CALI, Earle Shaw, Joe Lyons, and Jim Sutton, members of the CALIBRE staff, visited Headquarters, United States Army Garrison (USAG), Fort Knox, Kentucky during the period of 7-9 October 1996. The on-site visit was very helpful in providing the CALIBRE team with insights into the methodology employed by the Fort Knox team and the lessons they have learned. The applicable insights we gained and the lessons they learned will be applied to the conduct of the Garrison Integration and Restructure Project at Fort Sam Houston

**United States Army Garrison, Fort Knox, Kentucky:**

The primary point of contact (POC) on US Army Garrison (USAG) Ft. Knox was Mr. Malcolm Fogelman, the Garrison Manager. Other key personnel met and interviewed included: Colonel Harris (Garrison Commander), and Colonel Bryla (PA&E), MSG Martin (NCOIC Strategic Planning Group), Joy King (DRM), Tom Hutchinson (DPW), Dennis Bobby (Strategic Planning Team Member), and Sandy Keefe (Strategic Planning Team Member) and other members of the Fort Knox Garrison Reengineering Team. The visit was extremely helpful in gaining an appreciation of the

lessons learned and the methodology being employed to reengineer the garrison support activities for application to the study at USAG Fort Sam Houston.

The USAG Fort Knox effort is being conducted in-house and is focused all most exclusively on the garrison only. The US Army Armor School and Center is not included other than as a customer and recipient of garrison services. The USAG Fort Knox study has been underway for approximately seven months and is expected to be completed in the spring of 1997.

The unifying theme and key driver of the Fort Knox study is not unique - the recognition of the continuation of constrained resources, especially for installations. For example, they quoted the TRADOC Commander as saying that TRADOC has only enough funding to support twelve of their sixteen installations. Further, USAG Fort Knox was told of and is now absorbing a \$13M cut in FY 1997. They clearly recognize that the type and level of BASOPS systems and services must be streamlined to insure essential services continue to be provided to the customer as available resources decrease. The goals of the USAG Fort Knox study are to become more efficient and effective by eliminating duplication, reducing corporate overhead, especially at the higher and middle management level, and remaining a TRADOC installation, i.e., survival of the Garrison.

A general discussion of the methodology employed in the USAG Fort Knox study follows:

- The study was initiated by the Commanding General hosting an off-site attended by the directors of each of the installation support activities. The off-site clearly identified the resourcing and survival problem facing the Garrison and put each attendee on notice that "status quo" was not an acceptable solution. The off-site resulted in the development of several "notional organizations" which later became the focus of the follow-on reengineering study. The attendees were assured that the Commander would continue his strong support to reengineer the Garrison.

- Shortly after the off-site, the Garrison PAO published an article in the post newspaper that explained the reason for the study and the need for a cooperative attitude within the community. The article reinforced the "survival" theme in a resourced constrained environment and the need to become more efficient.

- The Garrison Commander personally visited each of his activities and explained to supervisors and workers the purpose and reason for the study.

- Additionally, he established a reengineering team of 6 of the "brightest and best" military and civilian employees from across the Garrison. Each with a solid record of performance and knowledge of their functional area and services provided. They were permanently assigned to the study and provided with an open office area in the Garrison Headquarters.

- The team spent the first month receiving reengineering training, getting acclimated to each other, and resolving their inherent biases.

- The team then spent the next several months developing and prioritizing a "1-n" functions (and services) list with associated costs and personnel structure and linked them to the Garrison Commander's goals and objectives. The total projected FY 1997 garrison budget was then applied to 1-n list and a cut line drawn where funding ran out. This identified those functions/services which would not be funded in FY 1997 and thus not performed unless priorities were adjusted or alternative/creative funding was applied. It quickly became apparent that adjustments would have to be made because several essential services were below the line e.g., cutting grass in the cemeteries, registration vehicles, providing custodial services, child care services, and the outdoor recreation program. The list was an important tool. It was used to demonstrate the seriousness of the funding situation and to focus the team on identifying opportunities for improvement, consolidation, and elimination.

- The unions were included in the study from the very start, e.g., a union representative attending the initial off-site.

- The team continues to perform "quick studies" and apply its "iron logic" to develop "notional organizations" for each installation functional activity. They then brief their proposals to the affected organizations for validation or additional input. At several times during the last seven months, the Garrison Commander has said, "we have studied this enough, lets just do it", and the change is implemented.

The following are some of the lessons learned by the USAG Fort Knox team, which have direct applicability to the USAG Fort Sam Houston Study:

- The full support of the Commanding General and the Garrison Commander is key to success. Clear articulation of complete support of the study effort in multiple and continuing public for is essential. Reinforcement of the purpose and focus of the study, e.g., survival of the installation during a period of ever declining resources, is essential to success.

- An action and an administrative framework is a necessary element for the successful conduct of the study. Form a Board of Directors (Chaired by the Commanding General, which includes the senior member of every major organization that will be impacted by the study), a Strategic Planning Cell to reengineer the Garrison, and a process action team (PAT) to address key processes which cross organizational boundaries, e.g., contracting.

- Have the PAO should prepare a series of articles for on- and off-post circulation which openly and objectively present the reason for the study, articulate its full support by the Commander, and the need for everyone's cooperation.

- Develop a common lexicon to insure a clear understanding among all parties of strategic planning and reengineering terms such as vision, goals, objectives, restructuring, reorganization, and reengineering.

- Plan for and include union participation in the study from the beginning.

- Insure the conduct of the study allows for the equivalent of "iron logic" and empowerment of the Commander to effect change when, during the course of the study, hard data presents a solid basis for immediate change. The change should then be made immediately and not wait for the completion of the study.

- Develop a "notional structure" for each activity that can be used as a baseline for discussion with Directors, supervisors, staff and the PATs.

- Consider the imposition of a hiring freeze at the beginning of the study so personnel are not hired and soon thereafter fired due to downsizing.

The on-site visit to USAG Ft Knox was imminently successful. It confirmed the need for the study and the value of conducting it. The supportive nature and positive attitude of the Fort Knox team was commendable. Special thanks is extended to Colonel Harris, Mr. Foglemen, and MSG Martin.

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